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NURSE-PATIENT INTERACTION:

AN ANALYSIS OF INTELLECTUAL, EMOTIONAL,
AND PHYSICAL RESPONSES CHOSEN BY NURSES

by



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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE
OF MASTER OF EDUCATION

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1971

ABSTRACT

This study was conducted to determine the extent to which graduate and student nurses would respond to patients in the intellectual, emotional and physical dimensions found within any human interaction.

The Nurse-Patient Interaction Questionnaire, designed by the author for the study, consisted of 17 described nurse-patient situations and 15 response options. The participants were asked to choose the three responses they would most likely make and the three they would most likely not make for each situation. The response options contained intellectual, emotional and physical behaviors applicable to all situations.

The questionnaire was distributed to 904 nursing students, nurse educators, staff nurses and nurse administrators from five different nursing education programs and three active treatment hospitals. Questionnaires containing usable data were returned by 729 nurses or 81.8%. The data was analysed using the chi square test of independence and percentages were computed for the individual response options chosen.

Significant differences were found between the proportions of intellectual, emotional and physical responses chosen and the status of nursing student, nurse educator, staff nurse and nurse administrator in ten situations. Two of these were in the responses nurses would make and nine in the responses nurses would not make, with one situation having a significant difference in both categories. Nurse educators tended to select fewer physical responses as being inappropriate while nurse administrators tended to choose intellectual responses more frequently than the other status groups. Nursing students tended to select responses similar to staff nurses and nurse administrators rather than nurse educators.

A striking similarity was evident among the proportions of intellectual,

emotional and physical responses selected by all status groups with the largest percentage of responses being in the intellectual dimension in 13 of the situations, in the physical dimension in three situations and in the emotional in one situation.

In the individual response options, all groups indicated they would respond to the person most frequently by (1) trying to be open to the person's concerns and discussing them, (2) exploring the person's feelings, (3) giving the factual information the nurse felt was relevant to the situation, and (4) staying beside the person. The response options selected as most inappropriate were (1) leaving the person by himself/herself, (2) relieving the person's feelings by discussion of other things, (3) attempting to reassure the person, and (4) embracing (hug or hold) the person.

ACKNOWLEDGEMENTS

The writer expresses her sincere appreciation to Dr. D. C. Fair, committee chairman, for his guidance, encouragement and understanding during the writing of this thesis. Special thanks are due to Dr. D. D. Sawatzky and Professor S. G. Robbins, committee members.

Appreciation is also expressed to the following persons for their assistance:

- to my coworkers at the School of Nursing, University of Alberta, Miss Patricia Hayes and fellow graduate students for their helpful suggestions, encouragement and assistance in developing the Nurse-Patient Interaction Questionnaire;

- to those who judged the situations and response options for the questionnaire;

- to my seminar group of registered nurses and their classmates who took part in pretesting the instrument;

- to the Directors of Nursing and Directors of Nursing Education who made the necessary arrangements for the distribution of the questionnaires;

- and to the nursing students, nurse educators, staff nurses and nurse administrators who participated in the study and without whom this thesis would not have been possible.

Grateful acknowledgements are also extended to Mr. D. Precht and Mr. M. Westrom for arranging the statistical analysis.

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CHAPTER I

INTRODUCTION

"In its simplest form, nursing care assumes the presence of a patient and a nurse who relate to one another on an individual basis (Mathews, 1962, p.154)." The healing process of the patient is affected by the attitudes and behaviors the nurse brings to this interaction (Jourard, 1964). A helping relationship will emerge wherein healing is facilitated if the nurse intends that growth, development, maturity, improved functioning and improved coping with life should come about in the patient (Rogers, 1961).

Helping relationships do not develop instantaneously but result from a series of interactions in which one of the individuals strives to understand the other. Each interaction becomes a step in the development of the relationship (Travelbee, 1966). The type of communication which takes place between the parties during an interaction will determine whether a helpful relationship will emerge. Attitudes and behaviors centering around the creation and maintenance of a nonthreatening environment in which trust can grow and the process of self-disclosure begin, are considered by most writers as necessary for interactions to lead to a helping relationship. "In our culture, we hesitate to reveal our thoughts and feelings and more intimate personal needs until we have a sense of trust in or safety with the other person involved (Elder, 1963, p.107)."

Three essential attitudes for establishing and maintaining a non-threatening environment are genuineness, respect and empathy (Rogers, 1957; Carkhuff & Berenson, 1967). Genuineness means the person is aware and sensitive to his feelings and acts in accordance with them, he is not feeling one attitude inwardly and presenting another outwardly. "It is the

opposite of presenting a facade, either knowingly or unknowingly (Rogers, 1957, p.97)." Respect for others has its origin in respect for self. Until a person respects his own feelings and experiences he is unable to respect the experiences and feelings of others. Simple acceptance implies a feeling of warmth toward the other and a nonjudgmental attitude toward his behavior. To empathize or feel into the world of another requires the loss of self-consciousness or an abandonment of self while observing the other (Zderad, 1969).

Fair (1968) says three interactional dimensions-intellectual, emotional, physical-exist within any given relationship. A comfortable level of functioning in each dimension must be reached by both the counsellor and the client to help the counsellor understand his client and promote his growth. Adults tend to communicate intellectually first before progressing to the emotional and then the physical dimensions. In our society we are rewarded for the verbal communication of ideas and thoughts, thus making the intellectual dimension the most acceptable mode of communication. The misconception that a counsellor should not become emotionally involved with a client, along with the cultural taboos regarding physical contact, have further reinforced ideational communication in the counselling professions. For a therapeutic relationship to exist which facilitates growth in the client, the counsellor must be "involved with him intellectually, emotionally and to some extent physically (Fair, 1968, p.225)." To relate adequately in these three dimensions, the foregoing conditions of genuiness, respect and empathy must be met.

RELEVANCE TO NURSING

It is implied in nursing literature that the nurse is to be all things to all people within the framework of a nursing situation. She is expected to perform a variety of procedural tasks and sustain, teach, or counsel whoever is assigned to her. In endeavoring to carry out the purpose of nursing she is seen to develop a pattern of interpersonal behaviors described by sociologists as role-performance. This stereotyping of behavior has resulted in dehumanizing the nurse and the development of rigid patterns of interacting which prevent rather than facilitate nurse-patient communication (Jourard, 1964). The stereotyped beliefs about the role of the nurse "must be transcended" before a relationship emerges wherein the nurse relates with the patient as one human being to another (Travelbee, 1966). If nursing survives, Goldsborough (1969) postulates, the central focus of nursing practice in the future will be the relationship of the nurse with the patient rather than the highly impersonal technical skills we see rendered to the patient today. The helping relationship is and will continue to be the means through which the purpose of nursing is accomplished-the core or heart of the process which gives greater meaning to both the nurse and the patient (Goldsborough, 1969; Travellbee, 1966; Vaughan, 1964).

The purpose of nursing as defined by Travelbee (1966) is

...to assist an individual, or family, to prevent or cope with the experience of illness and suffering, and if necessary, to assist the individual or family to find the meaning in these experiences. The major assumption is that the purpose of nursing is achieved through the establishment of a nurse-patient relationship (p. 13).

Within a helpful nurse-patient interaction there is a working toward a synthesis of the intellect and affect. The ability of the professional nurse practitioner to blend together the cognitive and affective

dimensions brings about the 'therapeutic use of self'. To emphasize cognitive learning alone represents the theoretical aspect of nursing and the emergence of a technically oriented nurse, yet to provide affect without theory does not fulfill the whole purpose of nursing.

Rogers' (1957) theoretical framework for interpersonal relations is entitled client-centered therapy. Gunter (1962) says the nurse can speak about patient-centered nursing. There appears to be a natural relationship between the two. With some rewording, Gunter has applied Rogers' client-centered therapy to nursing in the following manner:

1. The patient has within himself:
 - a. the capacity, latent if not evident, to experience and understand those aspects of his life and of himself which are causing him malfunction and pain;
 - b. the capacity and tendency to reorganize himself and his relationship to life in the direction of optimal functioning and health.
2. The release of these latent capacities will be most adequately facilitated by experience in a personal relationship in an nonstressful psychological climate.
3. In order to establish a suitable psychological climate the nurse should:
 - a. establish a relationship with the patient;
 - b. be genuine in the relationship;
 - c. experience unconditional positive regard for the patient (value him as a human being and avoid evaluation of his actions as "wrong" or "bad");
 - d. experience an empathic understanding of the patient's point of view (be able to see things as he sees them);
 - e. respect the patient as a person who is capable of understanding his situation, and of participating in the planning for his recovery or for his health (Gunter, 1962, p.221).

The nurse is responsible for establishing and maintaining the non-stressful psychological climate and in the degree to which she creates

a relationship "she will release in the patient psychological strengths which promote growth and healing and which parallel the physiological forces operating in that direction (Rogers, 1956, p.997)." The nurse facilitates the development of trust by being genuinely herself, conveying her respect and acceptance of the patient as a human being, and entering into the inner world of the patient with a sincere attempt to understand the feelings he is experiencing. Her ability to establish a helping relationship is dependent upon the positive regard she receives from the nursing service administration as well as on her own positive regard (Gunter, 1962).

Messages are communicated through verbal and nonverbal behavior. Before communication is said to have taken place, whatever is transmitted during the interaction must be perceived and interpreted by the receiver to have the same meaning as intended by the sender (Travelbee, 1966; Davis, 1963). Successful communication has taken place when the person experiences the feeling he is understood. All interactions do not result in successful communication, nor do all interactions contain the necessary components for the development of a helpful relationship. The patient may be unable to perceive the meaning of the nurse's message due to a high level of anxiety (Elder, 1963), lack of understanding scientific terminology or the nurse's inability to meet him at his level of understanding. The nurse may also communicate her hostility and rejection of the patient and these attitudes do not lead to the nonthreatening environment necessary for the establishment of a helpful relationship. If the purpose of nursing is to be achieved through a nurse-patient relationship genuineness, respect and empathy must be transmitted by the nurse and perceived and understood by the patient (Rogers, 1956; Carkhuff & Berenson, 1967; Bermosk, 1966). When these attitudinal conditions are communicated

in the interaction a helpful relationship will emerge which promotes the physiological wellbeing and the psychological growth of the patient. In the interaction the nurse relates on the intellectual, emotional and physical levels.

STATEMENT OF THE PROBLEM

From personal observation of numerous nurse-patient interactions, the writer believes the nursing profession is one in which a helpful relationship is essential. If three interactional dimensions-intellectual, emotional, physical-exist within human interaction, then these dimensions should also be evident in nurse-patient communication. This study was undertaken to determine the extent to which graduate and student nurses would respond to patients in intellectual, emotional and physical ways. Communication within each of these dimensions may be facilitative or nonfacilitative in establishing a helpful relationship. Consideration was given to the types of responses selected within each interactional dimension by nursing students, nurse educators, staff nurses and nurse administrators.

CHAPTER II

REVIEW OF RELEVANT LITERATURE

The literature contains few studies on nurse-patient interaction, with most of them dealing with verbal interaction between the nurse and the patient. The present study focuses on verbal and nonverbal communication in an attempt to determine nurses' attitudes toward behavior in the intellectual, emotional and physical dimensions of nurse-patient interactions. The intellectual and emotional deal more with verbal communication while one aspect of nonverbal communication, physical contact, is also considered. Research in the intellectual and emotional dimensions will be reported first to be followed by studies dealing with physical contact.

Verbal Communication

One of the earliest categorization schemes for nurse-patient interaction was devised by Behymer who evaluated student nurses' conversations with patients as either administrative or social (Mathews, 1962). Taking a more patient-centered approach, other researchers have constructed categories to analyze whether the actions of the nurse focus on the task or the patient (Skipper, 1965; Dick, 1968). Some studies have centered around the 'therapeutic' effectiveness of the nurse in her interaction with patients (Spring & Turk, 1962; Johnson, 1964).

Content analysis was used by Methven and Schlotfeldt (1962) to develop an instrument for evaluating the nature of responses nurses tend to give in emotion-laden situations. Nursing personnel rated the responses according to those which were most effective in promoting patient welfare and reducing stress to those which were ineffective and could be

traumatic to the patient. This study placed verbal responses on a continuum from favorable to unfavourable and recognized that some types of verbal responses can be harmful to the patient. The investigators found that all groups participating in the study except senior student nurses who had participated in 'integration' projects, "actually selected relatively undesirable types of answers more frequently than they selected those which theoretically enhance the patients opportunity to resolve his own problems (p.87)." Sethee (1967) used Methven and Schotfeldts' instrument to compare verbal responses in emotion-laden situations in public health with what respondents felt the patient was seeking from the nurse. Even though 70% of the respondents felt the patient wanted a response which indicated the nurses awareness of the problem and conveyed sympathy and reassurance only 5% gave such a response. Reasons for such disparity were given as discrepancy between beliefs and behavior, what the patient seeks is different from what the nurse sees as best for him, and nurses do not know what constitutes a particular type of response.

The patient-centered quality of nurses' responses to patients in a hospital setting were investigated by Mathews (1962). She argues that quality of time spent with a patient is a factor in establishing psychological contact between a nurse and a patient. "Perhaps sixty seconds used appropriately is more effective in meeting a patient's psychological needs than sixty minutes spent at the bedside (p.154)." Through a process of content analysis the responses were categorized as either eliciting or not eliciting information from the patient. Categories ranged from encouragement of further self-disclosure by the patient and empathic acknowledgement by use of reflective techniques to statements expressing judgmental attitudes. Findings indicated that less than 30% of the nurses in the study used patient-centered responses.

Carkhuff (1969a) has developed scales for evaluating the interpersonal processes of persons cast in a helping profession. These individuals are rated according to their ability to communicate empathic understanding, positive regard, genuineness and concreteness or specificity of expression. These are considered the core dimensions of interpersonal processes. Persons are placed on a scale from one to five according to their ability to communicate, where one indicates a poor ability to communicate any of the four dimensions. Krotochvil (1969) used Carkhuff's scales with a group of nurses to determine their ability to communicate the core dimensions of interpersonal processes. He found that the average level on these scales was 1.75. In other studies cited by Carkhuff and Berenson (1967) they found that persons cast in the helping professions attained an overall average of level 2. This means that at a maximum the helping person

...responds to the superficial feelings of the other person, not only infrequently, but also continuing to ignore the deeper feelings; he communicates little positive regard, displays a lack of concern or interest for the second person; his verbalizations are somewhat unrelated to what he is feeling, and most often he is responding according to a prescribed "role" rather than by expressing what he personally feels or means; he frequently leads or allows discussion of material personally relevant to the second person to be dealt with on a vague and abstract level (p.8).

Nonverbal Communication

Nonverbal communication refers to the transmission of messages without the use of words. Some behaviors include gestures, body movements, facial expressions, sounds (crying, moaning), touch and smell. Nonverbal communication often adds to or strengthens the meaning of verbal messages but must not conflict with them or confusion will arise regarding the message being transmitted (Johnson, 1965). One controversial area in

nonverbal communication is the use of touch gestures. Jourard and Rubin (1968) point out that touch is one way of perceiving the existence of another that seeing and hearing cannot confirm, yet taboos against touch are prevalent in Western culture. As cultures attain a higher social form man shows an increasing estrangement from his body. The more conceptual and intellectual forms of communicating, such as language, take precedence over the immediate experience with a resulting tendency to deny the body and ignore its sensory qualities (Burton & Heller, 1964; Mercer, 1966). Jourard and Rubin (1968) mention that Laing considers this condition in man as "a state of relative unembodiment." Communicating meaning through the use of physical contact or by touching the body can be considered pathological and therefore strong societal norms regarding who will touch whom and under what conditions have developed (Mercer, 1966; Jourard & Rubin, 1968).

Jourard and Rubin (1968) conducted a study among a group of unmarried college students to determine the relationship between self-disclosing and touching. They found that both males and females touch and were touched by their closest heterosexual friends nearly three times more than by either parent or same sex friend. Most areas of the body were touched by the opposite sex friend whereas parents and same sex friends confined their contact to hands, arms, face and shoulders. These findings bear out the cultural norm that physical contact is connected to sexuality (Jourard & Rubin, 1968; Fair, 1968).

In nursing situations where actual physical care is not required, nurses do not touch patients. DeAugustinis et al (1963) point out that Wolberg takes a definite stand on this point and says "it goes without saying that physical contact with a patient is absolutely taboo. Touching, stroking or kissing the patient may mobilize sexual feelings in the

patient and therapist, or bring forth violent outbursts of anger (p.278)."

They go on to say that Wolberg encourages the therapist to help the patient verbalize his feelings and to ignore physical approaches made by the patients. A backrub for an ambulatory patient can be considered sexually stimulating (Johnson, 1965; Lewis, 1969). This misconception deprives the nurse of one of the most important vehicles in nursing for it is "through touching the patient, the nurse can convey to him her gentleness, her feelings of caring for him, and her understanding of his feelings (Schmahl, 1964, p.83)." It would appear that touching is more a problem of the psychotherapist and the nurse than it is for the patient because it is the helping person who has a need to touch the patient and therefore the taboo has come about. It is more often the psychotherapist or the nurse who has the feelings of fear and guilt rather than the patient (Burton & Heller, 1964).

There are three schools of thought regarding the use of touch in nursing. There are those who strongly advocate its use, those who strongly oppose, and those who feel touch is valuable when the nurse is aware of the dynamics and possible interpretations (Aguilera, 1967; Burton & Heller, 1964; DeAugustinis et al, 1963). Reality orienting, gaining the patient's attention, communication of emotional support, and physical protection are reasons used in support of touch. Sexual feelings which may be aroused between persons, increased anxiety to being touched because of cultural norms, and the therapist's need for physical contact are arguments brought out by authors who advise against the use of touch. Fromm-Reichman (1960) takes a middle position regarding touch and indicates there are times when it is "wise to shake hands with the patient or, in the case of a very disturbed person, to touch him reassuringly or not to refuse his gesture of seeking affection and closeness. However, it is

always recommended that one be thrifty with the expression of any physical contact (p.12)." This implies the nurse must be aware of her own feelings regarding touching and being touched and be able to assess how the patient perceives the physical contact. Burton and Heller (1964) say it is the helping person who must accept the need and responsibility of touching. To do this he has to be sufficiently free in himself regarding his own feelings about touch.

DeAugustinis et al (1963) studied the meaning of touch between nurses and patients in a psychiatric setting. They found that the nurse initiated touch gestures in the majority (79%) of cases and that they were also more aware of having been touched than were the patients. It was noted that only in about one-half the cases where the nurse attempted to convey a message by using touch were the patients consciously aware of this message. About one-third of the nurses who used touch contemplated its use before the gesture was performed while just over one-half of the gestures were automatic. The remaining nurses who used touch did not respond to this question in this study. Touch was most often interpreted to convey "tender feelings" by both the nurses and the patients in this study. Instigating an action and gaining attention were messages conveyed by the use of touch gestures. Dissimilarities in the interpretation of touch occurred when the patient interpreted the nurses touch as meaning she wanted to gain his attention or get him to do something rather than the interest, support or comfort she was attempting to convey. Nearly one-half of the physical contact in this study involved touching the hand of the other person, one-fifth embraces, and the remainder divided among gestures such as holding hands, holding arms to sides, adjusting clothes and arm in arm. Aguilera (1967) found that when the nurse used touch in her interactions with patients that it increased the verbal responses,

rapport and the approach behavior on the part of the patient. It was also noted that this type of behavior did not begin to increase until the eighth day of the experiment. It was therefore felt that a period of orientation and adjustment was needed in order for nurses to become comfortable with the use of touch. This would indicate that the nurse needs to become aware of her own feelings regarding touching and being touched in her relationships with patients. She must be able to verbalize her reason for using touch and this behavior cannot conflict with her verbal communication if she is to maintain a helpful relationship.

DEFINITIONS

For the purpose of this study the following definitions will apply.

Dimensional Definitions

Intellectual Responses-the getting and giving of factual information and the nurses' awareness of the relevant concerns of the other person whether expressed or unexpressed.

Emotional Responses-the nurses' awareness of the feelings being experienced by the other person whether implicitly or explicitly expressed.

Physical Responses-the degree of physical contact used by the nurse in interacting with the patient.

Status Definitions

Nurse Administrators-nurses who, within the framework of the hospital setting, have a position which indicates some degree of authority (head nurses, charge nurses, nursing supervisors and nurse coordinators).

Staff Nurses-nurses who carry out the regular duties of a registered nurse in an active treatment hospital.

Nurse Educator-registered nurses who have the responsibility of teaching nursing students either in the classroom or in a clinical setting.

Nursing Student-students enrolled in a nursing educational program.

CHAPTER III

RESEARCH DESIGN

NURSE-PATIENT INTERACTION QUESTIONNAIRE

Diers and Leonard (1966) state that "the nurse-patient interaction, though it may resemble interactions in other settings, is a distinct kind of communication between people, guided by a theory unique for the purpose to be accomplished...and therefore categories constructed with a nursing situation in mind will be more likely to tap relevant dimensions of the situation (p.226)." The instrument for this study was designed to determine what type of responses nurses thought they would and would not make in the described nurse-patient situations. Respondents were asked to choose three responses they thought they would make and three they would not make from fifteen behavioral response options. The options consisted of intellectual, emotional and physical responses applicable to all the nurse-patient situations (note Appendix A for questionnaire).

The Situations

The 17 situations were derived from the investigator's personal experience and suitable situations submitted by a seminar group of registered nurses enrolled in the post-basic degree program at the University of Alberta. The situations were submitted to 12 registered nurses of which 11 were nurse educators or former nurse educators. Four of the group hold a Master's Degree and the remainder Bachelor's Degrees. They were asked to evaluate the situations to determine if they were likely to be encountered by nurses, ones wherein a helpful interaction could take place, and whether or not they were representative of a wide range

of situations found in nursing. That is, even though the setting for the described situation is in a specific hospital department, the problem expressed in the situation could exist within various nursing units. Two situations were added as the problem of disfigurement or dismemberment and the affect expression of elation-excitement had been omitted. Two situations were not seen as being typical of interactions which could lead to a helpful relationship but these were retained as they are social interactions which produce stress reactions in the nurse due to her training. In discussion with two of the nurse raters it was decided that all situations could be answered by all of the response options.

The Response Options

Within any given human interaction there exists three dimensions- intellectual, emotional and physical. The 15 response options for the instrument were grouped into these dimensions. Carkhuff's Scales for the Measurement of Interpersonal Processes were helpful in developing the responses for the intellectual and emotional categories. The problem areas in nurse-patient communication as identified by Hays (1966) along with the therapeutic and nontherapeutic techniques outlined in her book, Interacting with Patients (1963), were also helpful in constructing the response options.

Emotional Response Options. Carkhuff's Scale of Measurement of Empathic Understanding in Interpersonal Processes was used as a guide in developing the emotional response options. "Without empathy there is no basis for helping. From it flows the appropriate and meaningful employment of all other dimensions and ultimately the resolution of the helpee's problem (Carkhuff, 1969b, p.83)." For empathy to be successfully

communicated the therapist must first communicate genuineness and respect. Genuineness is the foundation of any therapeutic relationship and respect breaks through the individual's feelings of isolation and establishes a basis for empathy (Carkhuff & Berenson, 1967). Carkhuff (1969a) says empathy is the key ingredient of helping and it is only as empathy is communicated is meaning added to the dimensions of genuineness and respect. Rogers (1956) also notes that acceptance (respect) without understanding does not mean much to the client. Empathy cannot be communicated without genuineness and respect, yet genuineness and respect, to be meaningful are dependent upon the communication of empathy. The four Carkhuff raters found that the Scales of Facilitative Genuineness and Communication of Respect could also be applied to the responses.

The emotional response options developed for the study were:

Attempt to reassure the person.
e.g. "Everything will be alright..."
"We are doing all we can..."

Leave the person by himself/herself at this time.

Attempt to relieve the person's feelings by a discussion of other things.

Verbalize my perception of the person's feelings in an attempt to understand his/her experience.

Explore the person's feelings - verbalize feelings the person is trying to express.

Intellectual Response Options. "Concreteness...of expression serves a function that is often complementary to empathy, enabling the helpee ...to deal specifically with all areas of personally relevant concern, a necessary precondition for effective problem resolution (Carkhuff, 1969a, p.206)." The helper who communicates concreteness discusses the relevant

concerns of the helpee in concrete terms. It is the dimension in which experience and feelings can be dealt with on an intellectual level.

Carkhuff's Scale of Measurement of Personally Relevant Concreteness was used as a guide in developing response options for the intellectual dimension within a nurse-patient interaction. The difficulty of separating the intellectual and emotional dimensions in a helpful response is recognized.

The intellectual response options developed for the study were:

Obtain further information from the person.
e.g. Ask "Why are you...?" or "Why do you...?"

Refer the person to someone else.
e.g. Ask "Have you talked to...?"

Give the factual information I think
the person needs to know.

Suggest what the person could do in the
situation. e.g. "Perhaps you could..."

Try to be open to the person's concerns
-help him/her define and discuss them.

Physical Response Options. Carkhuff does not consider the physical dimension in Interpersonal Processes. A comparable measure to his scales could not be found in the literature. The physical responses denote an increasing degree of physical contact between the nurse and the other person. The nurse raters rank ordered the responses according to the degree of meaningful physical contact they felt was appropriate in nurse-patient interactions.

The physical response options developed for the study were:

Embrace (hug or hold) the person.

Put my arm around the person's shoulder
or waist.

Hold the person's hand.

Place my hand on the person's arm or shoulder.

Stay beside the person.

The intellectual, emotional and physical response options were randomized using a table of random numbers. Each subject was asked to choose three responses she thought she would make and three she would not make if she were the nurse in each of the given situations. Space was provided for written answers should the respondent be unable to respond with any of the given response options.

Validity and Reliability

To ensure content validity of the questionnaire the situations were submitted to a group of 12 registered nurses for evaluation of representativeness of nurse-patient interactions. The situations were revised in view of their suggestions and two new situations added to include areas not represented. The response options for the emotional and intellectual dimensions were categorized by four Carkhuff raters using the scales of Empathic Understanding and Personally Relevant Concreteness or Specificity of Expression in Interpersonal Processes. Agreement among the raters was 94%. Consensus was reached with two of the nurse raters that the situations were answerable by all response options.

Reliability was tested by the test-retest method. The subjects were 20 registered nurses in the post-basic degree program for registered nurses at the University of Alberta. Two weeks were allowed between the two testings. Percentages were computed between the number of response options selected in the same order for the would make and would not make categories. Percentages were also computed for the number of response options repeated but in a different order in each of the categories

for each situation. Table 1 indicates the percentages obtained.

TABLE 1
PERCENTAGES OF RESPONSE OPTIONS REPEATED IN TEST-RETEST RELIABILITY

	Would Make	Would Not Make
Same Order	28.2%	32.0%
Different Order	53.5	57.2

It is noted in Table 1 that response options were selected in the same order approximately one-third of the time while the proportion tended to almost double when the order in which the responses were selected was not considered. The proportion of response options selected in the retest, both in the same order and in a different order, was higher in the would not make category. The low percentages could be accounted for by the subjective nature of the questionnaire and the large number of response options.

THE SAMPLE

Nurses from five educational programs and three active treatment hospitals were asked to participate in the study. Of the 904 questionnaires distributed, 740 or 81.85% were returned. Usable data for computer analysis was contained in 729 of the questionnaires. Of the eleven questionnaires rejected, five were inadequately completed and six were completed by male nurses. The number of male respondents was considered insufficient to use sex as a variable. The members of each group were:

- Nurse Administrators - 55
- Staff Nurses - 91

Nurse Educators - 66

Nursing Students -528

THE SAMPLING TECHNIQUE

At three of the institutions the investigator administered the questionnaire with the help of administrative personnel. The Director of Nursing at one of the remaining institutions and the Director of Nursing Education at the other undertook the distribution of the questionnaires.

All nurse educators in the five educational programs and all students where class enrollment was less than 50 were asked to participate. Where class enrollment exceeded 50, questionnaires were handed out to 50 nursing students in each year of the program. Questionnaires were distributed throughout the hospitals in the ratio of two staff nurses to one nurse administrator per nursing unit. In the two larger active treatment hospitals 75 registered nurses were asked to participate and 35 in the smaller hospital. The groups consisted of staff nurses, nurse administrators and nursing students who were on duty the day the questionnaires were handed out. Taking into consideration sickness averages and regular days-off, it was assumed that in each hospital and within each status group each person had an equal chance of being included in the study.

CHAPTER IV

ANALYSIS AND DISCUSSION OF DATA

ANALYSIS OF DATA

This study has investigated the types of responses nursing students, nurse educators, staff nurses and nurse administrators think they would and would not make in described nurse-patient situations. Analysis of the data were carried out by categorizing the fifteen response options into the three dimensions-intellectual, emotional and physical-found within human interaction. The proportion of responses for each cell was obtained from a frequency count of the responses each participant chose in the would and would not make categories in the intellectual, emotional and physical dimensions. Proportions were calculated on the actual number of responses given, regardless of order, and not on the maximum choices available to each participant. The would make and would not make categories were analysed separately.

The chi square test of independence was applied to determine if a significant relationship existed between the response choices of the participants and their status as a nursing student, nurse educator, staff nurse or nurse administrator. A relationship was considered to exist if the computed chi square value was equal to or exceeded the tabled chi square value at the .05 level of significance with six degrees of freedom.

Each response category-intellectual, emotional and physical-was then separated into its five component response options and proportions obtained to ascertain the frequency with which each response had been selected for both the would make and the would not make categories. The data were analysed independently for each situation.

SITUATION I

A female patient invites you to
visit her when she returns home.

The results of the analysis of the data are presented in Table 2 and the percentages of individual response options in Table 3.

The chi square test of independence did not yield a significant value; therefore the intellectual, emotional and physical responses were not related to the status of nursing student, nurse educator, staff nurse or nurse administrator in the would or would not make categories.

On observation of the data a striking similarity exists in the proportion of intellectual, emotional and physical responses that nursing students, nurse educators, staff nurses and nurse administrators indicate they would and would not make in this situation. When a nurse is invited by a patient to visit her when she returns home more than 55% of the responses selected by all status groups were in the intellectual dimension while approximately 10% were physical responses. Nursing students chose a slightly smaller proportion (52.6%) of intellectual responses and more physical responses (13.4%) than other status groups while nurse administrators indicated they would make more intellectual (60.9%) and fewer emotional (30.0%) responses.

In the would not make category all status groups indicated they would not respond in the emotional dimension approximately 40% of the time. Physical responses were selected as inappropriate approximately one-third of the time.

Nurses preferring to respond in the intellectual dimension did so by either being open to the patient's concerns or obtaining further information in approximately equal proportions (see Table 3). Written responses

TABLE 2

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION I

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	52.6%	34.0%	13.4%	23.3%	43.4%	33.3%
Nurse Educators	55.3	35.4	9.3	21.2	45.5	33.3
Staff Nurses	59.9	32.0	8.1	23.2	37.2	38.9
Nurse Administrators	60.9	30.0	9.1	27.7	41.1	31.3
Chi Square*	9.75			4.55		

*A chi square of 12.59 is necessary to obtain significance at the .05 level.

TABLE 3

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION I

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	19.6%	23.6%	18.3%	23.6%	2.9%	1.2%	4.2%	5.4%
Refer	1.5	0.0	1.5	0.0	15.5	13.3	16.8	18.8
Give information	10.8	8.7	10.2	10.9	1.3	1.2	1.6	2.7
Suggest	3.2	0.6	4.6	3.6	3.0	4.8	0.0	0.9
Be open to concerns	17.4	22.4	25.4	22.7	0.6	0.6	0.5	0.0
Emotional Responses								
Attempt to reassure	0.6	0.6	1.5	4.5	6.4	7.3	1.6	3.6
Leave alone	0.3	0.0	0.5	0.0	20.4	20.0	21.1	19.6
Discuss other things	1.4	1.2	1.0	0.0	14.3	17.6	14.2	12.5
Verbalize perception	10.7	11.8	6.6	6.4	1.7	0.6	1.1	3.6
Explore feelings	20.9	21.7	22.3	19.7	0.6	0.0	0.0	1.8
Physical Responses								
Embrace	0.6	0.0	0.0	0.0	19.9	19.4	20.0	17.9
Arm around shoulder	0.8	0.6	1.0	0.0	6.3	7.3	7.9	4.5
Hold hand	1.6	0.6	0.0	0.9	5.6	3.6	7.9	5.4
Hand on arm	5.4	5.6	2.5	2.7	1.3	3.0	3.2	2.7
Stay beside person	5.0	2.5	4.6	5.5	0.2	0.0	0.0	0.9

to the situation revealed the information the nurse wanted was to "find out why she [the patient] wanted you to go..." The response of giving factual information was selected approximately one out of every ten responses and written responses indicated the information the nurse would give ranged from "I would accept" or "I would probably go" to "Say 'no', and explain why" or "Our relationship will terminate when you leave hospital." Although referring the patient to someone else was selected a very small proportion, written responses indicated that if the nurse thought the patient wished her "to visit as a nurse - refer." Other written responses to this and subsequent situations are contained in Appendix B.

Nursing students and nurse educators indicated they would use reflective techniques in an attempt to understand the patient's feelings almost twice as often as staff nurses and nurse administrators, yet all status groups indicated that approximately 20% of their responses would deal with an exploration of the patient's feelings. Although only approximately 5% of the responses indicated they would stay with the patient, approximately 20% of the response options selected in the would not make category were to leave the patient alone. To embrace this patient was considered the most inappropriate physical response. To relieve this patient's feelings by discussing other things was selected as inappropriate approximately 15% of the response options.

Summary

In a situation where the nurse must respond to an invitation to visit a patient after she is discharged the largest proportion of responses selected were in the intellectual dimension. Approximately 40% of these were to find out further information or be open to the concerns of the patient. Approximately one-third of the responses attempted to

deal with the feelings of the patient. The physical dimension was not selected by any of the status groups as the preferred level of interacting.

SITUATION II

A four-year old child cries and becomes upset when his parents leave. His diagnosis is pneumonia.

The results of the chi square test of independence are reported in Table 4 and the percentages of individual response options in Table 5.

The intellectual, emotional and physical responses nurses in this study selected they would and would not make are not related to the status of the nurse as denoted by the nonsignificant chi square value. That is, nurses tend to use the same type of responses regardless of their status as a nursing student, nurse educator, staff nurse or nurse administrator when nursing this distressed child.

On observation of the data, the proportions of intellectual, emotional and physical responses among the nursing students, nurse educators, staff nurses and nurse administrators are strikingly similar in both the would and would not make categories. Nurses in each status group would make a physical response approximately 60% of the time whereas they would respond intellectually approximately 6% of the time.

Nurses in all status groups selected responses in the emotional dimension as being inappropriate just over 50% of the time while intellectual responses were chosen only slightly less often. A small proportion (approximately 2%) did not see a physical response as being appropriate. Written responses such as "...I would be available for the child to physically touch" reveals this attitude.

In the analysis of the individual responses reported in Table 5, all

TABLE 4

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION II

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	5.5%	34.4%	60.2%	46.0%	50.7%	3.3%
Nurse Educators	5.2	37.7	57.1	43.9	52.8	1.7
Staff Nurses	6.3	34.0	59.7	49.2	51.1	0.7
Nurse Administrators	7.2	39.2	57.1	41.8	57.5	3.3
Chi Square*	3.62			5.95		

*A chi square of 12.59 is necessary to obtain significance at the .05 level.

TABLE 5

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION II

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	0.9%	0.5%	1.6%	0.7%	11.0%	12.2%	13.9%	5.2%
Refer	0.1	0.0	0.0	0.0	15.3	12.8	14.3	23.1
Give information	1.5	2.1	1.2	3.9	11.1	8.9	8.2	6.7
Suggest	1.3	1.0	0.8	0.0	5.3	6.1	7.4	5.2
Be open to concerns	1.6	1.6	2.8	2.6	3.4	3.9	3.5	1.5
Emotional Responses								
Attempt to reassure	11.8	8.4	9.9	10.5	6.2	10.6	7.4	7.5
Leave alone	0.3	0.5	0.4	0.5	31.4	29.4	32.9	35.8
Discuss other things	16.1	13.1	16.6	19.6	4.3	5.6	3.5	6.0
Verbalize perception	2.7	6.8	3.2	4.6	5.5	4.4	5.6	5.2
Explore feelings	3.5	8.9	4.0	3.9	3.2	2.8	1.7	3.0
Physical Responses								
Embrace	23.9	27.7	22.9	26.8	1.9	2.2	1.3	0.0
Arm around shoulder	5.5	2.6	4.0	2.0	0.5	0.6	0.0	0.7
Hold hand	4.9	4.2	6.3	4.6	0.7	0.6	0.4	0.0
Hand on arm	2.9	3.1	2.0	0.0	0.2	0.0	0.0	0.0
Stay beside person	22.9	19.4	24.5	20.3	0.0	0.0	0.0	0.0

status groups selected the physical response of embracing (hugging or holding) the child or staying with the child with approximately equal proportions. To leave the child alone was not seen as an appropriate response approximately one-third of the time. To divert the child's attention with a toy or talk about something else was indicated approximately one in every sixth would make response while approximately one in every tenth response was an attempt to reassure the child. Written responses indicated that the child could be reassured by telling him his parents would return. Nurse administrators tended to discuss other things with the child more frequently while nurse educators attempted to focus on the feelings in the situation approximately twice as often as the other status groups. The giving and getting of information are not seen as suitable ways to relate to this distraught child.

Summary

In a nursing situation where the patient is an upset crying child, the largest proportion of responses selected by nurses were in the physical dimension, the greatest proportion of these responses were to embrace the child. This response indicates the greatest degree of physical contact. Nurses in the study selected very few responses in the intellectual dimension indicating they do not consider this situation as one in which you relate on an intellectual level. While nurse educators would relate on a feeling level approximately twice as often as other status groups, all nurses would attempt to relieve the child's feelings in approximately one-fifth of response options by discussing other things or distracting his attention.

SITUATION III

You are admitting a maternity patient who indicates a lack of knowledge regarding the labour process. The first stage of labour is established, she is anxious. She has never been in hospital before.

The chi square test of independence as reported in Table 6 indicates no significant relationship exists between the status of nursing students, nurse educators, staff nurses and nurse administrators and the proportion of intellectual, emotional and physical response options they selected they would and would not make when admitting this anxious patient.

Examination of the data in Table 6 reveals that approximately 47% of responses selected by all status groups were in the intellectual dimension. Nurses in this study tended to interact in the emotional and physical dimensions with approximately equal frequency. Nurse administrators tended to make more emotional and less physical responses than did other status groups while nurse educators selected more physical and less emotional responses. An emotional response was chosen approximately three out of every five responses in the would not make category while an intellectual response was selected as unsuitable in this situation approximately one-quarter of the response choices.

The percentage of individual responses are reported in Table 7 and reveal that all status groups would give the factual information they felt was relevant in the situation more frequently than any other individual response and this accounted for approximately one-quarter of the would make response selections. Nurse educators tended to give more information than other status groups. Nurse administrators, who selected the smallest proportion of information giving responses, were open to the person's concerns approximately 20% of the time whereas other status

TABLE 6

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION III

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	48.7%	23.5%	27.9%	23.3%	63.1%	13.6%
Nurse Educators	47.4	23.2	29.5	24.3	63.2	12.4
Staff Nurses	44.9	28.1	27.0	20.3	65.0	14.6
Nurse Administrators	47.0	29.1	23.8	25.7	62.2	12.2
Chi Square *	5.42			2.11		

*A chi square of 12.59 is necessary to obtain significance at the .05 level.

TABLE 7

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION III

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	1.7%	2.1%	1.1%	1.3%	5.1%	5.4%	2.8%	5.4%
Refer	0.6	0.0	0.4	0.0	15.0	13.5	14.6	16.9
Give information	26.8	28.4	24.3	23.8	0.3	0.5	0.4	0.0
Suggest	3.6	2.1	2.7	1.3	2.6	3.8	2.0	2.7
Be open to concerns	15.9	14.7	16.3	20.5	0.3	1.1	0.4	0.7
Emotional Responses								
Attempt to reassure	7.9	4.2	12.5	11.9	7.9	9.2	5.3	6.1
Leave alone	0.0	0.5	0.0	0.7	30.8	30.8	32.5	32.4
Discuss other things	0.3	0.0	0.0	0.0	21.9	22.2	25.6	22.3
Verbalize perception	5.8	8.9	6.5	8.6	2.2	0.5	1.2	0.7
Explore feelings	9.5	9.5	9.1	7.9	0.4	0.5	0.4	0.7
Physical Responses								
Embrace	0.0	0.0	0.0	0.0	11.2	9.2	13.0	8.8
Arm around shoulder	0.3	0.0	0.0	0.7	1.6	1.1	0.8	2.7
Hold hand	6.8	6.3	4.9	6.6	0.5	1.6	0.0	0.0
Hand on arm	3.0	3.7	1.9	2.0	0.3	0.5	0.8	0.7
Stay beside person	17.7	19.5	20.2	14.6	0.0	0.0	0.0	0.0

groups indicated a willingness to discuss the concerns of the patient approximately 15% of the time. Service personnel (staff nurses and nurse administrators) indicated they would attempt to reassure the patient approximately twice as often as nursing students and three times as often as nurse educators.

While no respondent indicated they would not stay with the patient, approximately 18% of the response choices were to stay with her and approximately one-third of the responses indicated they would not leave her alone. To relieve the patient's feelings by a discussion of other things was selected as an unsuitable response approximately 25% of selected response options in the would not make category. To refer the patient to someone else or embrace her were also considered inappropriate for this nursing situation.

Summary

Nursing student, nurse educators, staff nurses and nurse administrators indicated they would interact with this anxious patient more frequently in the intellectual than in the emotional or physical dimensions. They tended to handle the situation by giving the patient the information they felt was relevant to the situation and be open to and discuss her concerns. They did not choose to relieve her feelings by a discussion of other things but by explanation. All status groups tended not to leave the patient alone at this time.

SITUATION IV

You have been caring for a 55 year-old lady who is partially paralyzed due to a stroke. Her prognosis is poor. You enter the room and find her crying.

The results of the chi square test of independence are reported in Table 8 and the percentages of individual response options in Table 9.

As the chi square test did not yield a significant value at the .05 level in either the would make or would not make categories the proportion of intellectual, emotional and physical responses of nursing students, nurse educators, staff nurses and nurse administrators is not related to their status.

On examination of the data in Table 8 a strong resemblance is evident among the response proportions of the intellectual, emotional and physical dimensions across all status groups. The order of response options according to proportions selected by all status groups in the would make category is physical, emotional and intellectual. Physical responses were chosen approximately two out of every five responses, with nurse educators selecting the greatest proportion and staff nurses the least. Emotional responses were chosen approximately one in every three while intellectual responses were selected approximately one in every four.

Nurses in this study indicated they would not respond in the emotional dimension nearly two-thirds of the time in comparison to 6% in the physical dimension. Nurse administrators selected fewer emotional and more intellectual responses in the would not make category than did other status groups.

The percentages of individual response options as revealed in Table 9 indicate the physical responses selected were to remain with the patient approximately 15% of the time while nurses also tended to touch

TABLE 8

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION IV

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	27.8%	30.4%	41.8%	28.0%	66.1%	5.8%
Nurse Educators	24.1	29.2	46.7	27.2	68.6	4.2
Staff Nurses	28.7	33.0	38.3	27.2	65.0	7.7
Nurse Administrators	20.0	38.7	41.3	36.7	56.5	6.8
Chi Square*	9.34			8.58		

*A chi square value of 12.59 is necessary to obtain significance at the .05 level.

TABLE 9

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION IV

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	7.9%	5.6%	6.5%	5.3%	4.3%	3.1%	4.1%	6.1%
Refer	0.8	0.5	0.8	0.0	12.3	10.5	11.4	17.5
Give information	0.6	0.0	0.4	0.0	6.5	6.8	6.1	6.1
Suggest	0.3	0.0	0.4	0.0	4.7	6.8	5.7	6.1
Be open to concerns	18.2	17.9	20.7	14.7	0.1	0.0	0.0	0.7
Emotional Responses								
Attempt to reassure	2.7	0.0	3.4	6.7	15.5	19.9	13.4	13.6
Leave alone	0.4	0.5	0.4	0.0	27.8	27.2	29.7	25.9
Discuss other things	0.8	0.5	1.9	2.7	20.6	9.4	18.7	15.6
Verbalize perception	8.0	9.7	7.3	11.3	2.0	2.1	2.4	0.0
Explore feelings	18.5	18.5	19.9	18.0	0.4	0.0	0.8	1.4
Physical Responses								
Embrace	0.6	0.0	0.4	0.7	5.1	2.6	6.5	6.1
Arm around shoulder	2.5	1.0	2.3	4.0	0.5	0.5	0.4	0.7
Hold hand	9.4	11.8	9.2	14.7	0.1	0.5	0.8	0.0
Hand on arm	14.5	15.9	11.5	10.0	0.0	0.5	0.0	0.0
Stay beside person	14.9	17.9	14.9	12.0	0.1	0.0	0.0	0.0

this patient in some manner approximately another 27%. Nurse administrators tended to indicate they would remain with the patient less frequently than other status groups would, but would become more physically involved with her, e.g. they would put their arm around the patient's shoulder or waist approximately twice as often as nursing students and staff nurses and four times as often as nurse educators. Nearly 30% of the responses indicate nurses would not leave the patient alone while relieving the patient's feelings by a discussion of other things and attempting to reassure her were also selected as inappropriate responses approximately one-seventh of the time.

In the intellectual dimension approximately one in every six responses related to a discussion of the concerns of the patient while approximately an equal proportion would attempt to explore the patient's feelings or relate in the emotional dimension.

Summary

While nursing students, nurse educators, staff nurses and nurse administrators would interact primarily in the physical dimension when relating to this patient whom they found crying, they would also attempt to explore the feelings the patient was experiencing as well as discuss any relevant concerns. To leave the patient alone at this time, relieve her feelings by discussing other things or attempting to reassure her were selected as inappropriate responses in nursing this depressed crying patient.

SITUATION V

A 17 year-old patient you have been caring for has just been diagnosed as having leukemia. He appears quiet and withdrawn when you enter the room. Suddenly he says, "What does it all mean, the tests and everything. I don't understand. Can you tell me?"

The results of the chi square analysis are reported in Table 10 and the percentages of individual response options in Table 11. While the proportion of intellectual, emotional and physical responses of nursing students, nurse educators, staff nurses and nurse administrators are not related to their status in the would make response category a significant relationship exists between the responses selected and the status of the nurse in the would not make category as denoted by the significant chi square value.

An examination of the data in Table 10 reveals the proportion of intellectual, emotional and physical responses chosen in both the would make and would not make categories is strikingly similar among status groups. All groups of nurses indicated they would interact in the intellectual dimension approximately 65% of the time while approximately 10% of the responses would be physical and 25% emotional. Nurse educators tended to make three out of five responses in the intellectual dimension and half as many in the emotional while nurse administrators were inclined to use nearly three and one-half times more intellectual than emotional responses. Nurse administrators also tended to respond more frequently (one in eight) in the physical dimension than did other status groups.

The proportion of responses selected by nurse educators in the would not make category tended to differ somewhat from the other status

TABLE 10

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION V

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	67.2%	24.1%	8.7%	17.3%	65.7%	17.1%
Nurse Educators	59.9	29.7	10.4	22.7	71.9	5.4
Staff Nurses	65.5	27.1	7.4	15.8	67.6	16.6
Nurse Administrators	67.8	19.7	12.5	16.1	67.1	16.8
Chi Square*	9.20			18.68**		

*A chi square of 12.59 is necessary to obtain significance at the .05 level.

** $p < .005$

groups. Whereas an approximately equal proportion (16-17%) of physical and intellectual responses would not be made by the other status groups, nurse educators chose more emotional and intellectual and fewer physical responses as being inappropriate. The smaller proportion (approximately one-third) of physical responses chosen by the nurse educators could be related to their status as an educator and account for the significant chi square value in the would not make response category.

Although all status groups indicated they would discuss the relevant concerns of the patient with him approximately one-quarter of the time (see Table 11), nurse educators tended to be more open to a discussion of the patient's concerns and focused more on the feelings in the situation. They also indicated they would give factual information less frequently than would other status groups who tended to "...explain what the tests are for but not what was found." All status groups indicated they would refer the patient to someone else (usually the doctor) approximately 12% of the time with nurse educators referring him least often. To leave the patient alone at this time, relieve his feelings by changing the topic, and attempting to reassure him were selected as inappropriate responses. Nursing students, staff nurses and nurse administrators selected the physical response of embracing the patient as inappropriate three times as often as nurse educators.

Summary

Although there is considerable agreement among the proportions of intellectual, emotional and physical responses that nurses in this study tend to make when nursing a patient who is anxious about his condition, a significant relationship exists between the status of the nurse and the responses she would not make. This relationship appears to be in the

TABLE 11

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION V

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	7.4%	10.9%	9.3%	5.3%	2.4%	1.1%	4.0%	2.7%
Refer	15.4	8.3	12.0	15.1	7.9	11.9	5.7	6.0
Give information	20.8	13.5	19.8	23.7	3.0	4.3	2.8	2.0
Suggest	1.3	1.0	0.8	2.0	3.8	5.4	3.2	5.4
Be open to concerns	22.4	26.0	23.6	21.7	0.1	0.0	0.0	0.0
Emotional Responses								
Attempt to reassure	0.5	0.0	2.3	1.3	17.9	20.0	14.2	17.4
Leave alone	0.2	0.0	0.4	0.7	24.0	26.5	27.5	25.5
Discuss other things	0.6	0.5	0.8	0.0	22.5	23.2	23.9	22.8
Verbalize perception	6.9	9.9	8.5	4.6	0.9	2.2	2.0	0.0
Explore feelings	15.8	19.3	15.1	13.2	0.4	0.0	0.0	1.3
Physical Responses								
Embrace	0.0	0.0	0.0	0.0	12.4	4.3	11.7	12.8
Arm around shoulder	0.2	0.0	0.4	0.0	2.1	0.0	2.0	2.0
Hold hand	0.5	0.0	0.0	0.7	1.8	0.5	1.6	2.0
Hand on arm	0.9	0.0	0.4	1.3	0.5	0.0	1.2	0.0
Stay beside person	7.1	10.4	6.6	10.5	0.3	0.5	0.0	0.0

proportion of physical responses (embracing the patient) that nurse educators did not consider as being as inappropriate as did the other status groups. Nurses tended to focus on the relevant concerns and feelings of the patient as well as giving the information they felt the patient needed to know. Nursing students, staff nurses and nurse administrators also referred the patient to the doctor for an explanation of his questions more frequently than did nurse educators.

SITUATION VI

"I'm really excited this morning. The doctor finally said I can go home. Even though he has told me I'll have to come back soon, I'm already making plans for all the things I'd like to do when I get home."

The results of the analysis are presented in Table 12 and the percentages of individual response options in Table 13.

The intellectual, emotional and physical response options selected by nurses in this study are not significantly related to the status of the nurse in the would make category but a significant association exists between the responses the nurses would not make and her status as a nursing student, nurse educator, staff nurse or nurse administrator when she interacts with this excited patient.

Considerable agreement is found in the proportion of intellectual, emotional and physical response options selected by all status groups in the would make category, and the order of the response categories in all groups is intellectual, emotional and physical. Staff nurses tended to interact in the intellectual dimension approximately three times out of five and in the physical one response in every twenty, whereas nurse

TABLE 12

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION VI

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	55.8%	35.3%	8.9%	20.7%	50.9%	28.4%
Nurse Educators	47.8	42.7	9.6	30.5	47.4	22.1
Staff Nurses	58.3	37.0	4.7	20.2	45.9	33.9
Nurse Administrators	48.5	43.8	7.7	15.8	57.0	27.2
Chi Square*	11.67			14.32**		

* A chi square of 12.59 is necessary to obtain significance at the .05 level.

**p < .05

TABLE 13

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION VI

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	19.0%	20.2%	19.9%	15.4%	2.4%	2.6%	3.8%	3.5%
Refer	1.5	0.0	1.4	0.8	10.1	14.3	8.7	7.9
Give information	15.0	10.1	14.2	9.2	2.9	4.5	3.3	0.9
Suggest	9.0	5.1	10.0	6.2	5.0	9.1	2.7	3.5
Be open to concerns	11.3	12.4	12.8	16.9	0.4	0.0	1.6	0.0
Emotional Responses								
Attempt to reassure	0.4	0.6	0.0	0.8	11.3	6.5	6.0	9.6
Leave alone	0.8	1.1	1.4	1.5	16.7	16.2	16.4	22.8
Discuss other things	0.4	0.0	0.9	0.0	20.4	24.0	19.7	21.9
Verbalize perception	18.3	21.3	18.5	20.8	1.3	0.6	2.2	2.6
Explore feelings	15.5	19.7	16.1	20.8	0.8	0.0	1.6	0.0
Physical Responses								
Embrace	0.6	0.0	0.0	0.8	16.1	14.3	19.1	17.5
Arm around shoulder	0.6	0.6	0.5	1.1	4.3	2.6	2.2	4.4
Hold hand	1.1	0.0	0.0	0.0	4.6	5.2	8.2	2.6
Hand on arm	4.0	3.9	1.4	3.8	2.7	0.0	3.8	0.9
Stay beside person	2.6	5.1	2.8	1.5	0.6	0.0	0.5	1.8

educators use an intellectual reply approximately half the time and a physical response one-tenth of the time.

Observation of the would not make responses reveals some similarity in that all status groups indicate they would not respond in the emotional dimension approximately one-half the time. Nurse educators tended to select more intellectual responses than physical as being inappropriate whereas nursing students, staff nurses and nurse administrators selected fewer intellectual and more physical responses as being unsuitable. The larger proportion of intellectual responses selected by nurse educators in the would not make category could account for the significant relationship which exists and therefore be related to their status as an educator.

Nurses in all status groups tended to obtain further information from the patient by "...asking what plans are being made," or give information in the form of advice "...caution the person not to overdo it and give pertinent information to back it." All status groups selected the responses in the emotional dimension of attempting to understand the patient's experience and explore the feelings in the situation approximately one-third of the response choices. To discuss the relevant concerns of the patient was selected approximately 14% of the time. Most nurses view this situation as one in which they would not respond in the physical dimension. Approximately 2% of responses indicated nurses would remain with the patient, approximately 18% indicate they would not leave the patient alone. To relieve the patient's feelings by a discussion of other things was selected as inappropriate approximately one-fifth of the time.

Summary

The largest proportion of responses selected by the participants were in the intellectual dimension. All status groups indicated they

would obtain information and be open to and discuss the patient's concerns. They would also verbalize their perception of the patient's experience and explore the feelings of the patient. To relieve the patient's feelings by a discussion of other things or attempting to reassure the patient were selected as inappropriate responses.

The significant relationship found in the would not make response category appeared to relate to the larger proportion of intellectual responses selected by nurse educators. This would indicate that nurse educators considered intellectual responses more inappropriate in relating to this excited patient.

SITUATION VII

A gentleman is brought into emergency unconscious following a car accident. His wife arrives and anxiously asks "Nurse, where is he, will he be alright?"

In the analysis of the data presented in Table 14, the chi square test of independence reveals that a significant relationship does not exist between the responses that nursing students, nurse educators, staff nurses and nurse administrators would or would not make and their status when interacting with this anxious relative.

All status groups indicate they would respond to this person in the intellectual dimension approximately one-half the time. Although a striking similarity is observed between the proportions of intellectual, emotional and physical responses chosen for the would and would not make categories some variation is found within the individual response options as reported in Table 15. To give factual information, or as written

TABLE 14

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION VII

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	55.2%	22.7%	22.1%	20.9%	64.9%	14.5%
Nurse Educators	57.4	18.6	23.9	24.3	67.0	8.6
Staff Nurses	47.2	28.0	24.8	20.1	70.1	9.8
Nurse Administrators	50.0	25.7	24.7	23.1	63.6	13.3
Chi Square*	9.23			9.08		

*A chi square of 12.59 is necessary to obtain significance at the .05 level.

TABLE 15

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION VII

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	1.0%	2.7%	0.4%	0.7%	7.7%	7.6%	6.0%	8.4%
Refer	8.3	4.8	7.9	12.0	9.3	14.1	10.7	8.4
Give information	24.9	28.2	22.8	25.3	1.5	1.1	1.7	2.1
Suggest	8.9	4.8	6.3	4.0	2.0	1.1	1.3	2.8
Be open to concerns	12.2	17.0	9.8	8.0	0.5	0.5	0.4	1.4
Emotional Responses								
Attempt to reassure	14.2	8.0	18.9	19.3	11.6	17.8	7.3	7.0
Leave alone	0.1	0.0	0.0	0.0	25.5	26.5	27.8	28.7
Discuss other things	0.6	0.0	0.0	0.0	23.4	19.5	28.6	23.8
Verbalize perception	3.8	5.3	4.7	2.7	2.7	2.7	4.3	2.1
Explore feelings	4.0	5.3	4.3	3.3	1.3	0.5	2.1	2.1
Physical Responses								
Embrace	0.2	0.0	0.4	0.0	10.7	8.1	7.7	9.8
Arm around shoulder	1.9	2.1	3.9	5.3	1.5	0.0	0.9	0.7
Hold hand	1.7	0.5	0.4	2.0	1.5	0.5	1.3	2.1
Hand on arm	8.2	9.6	7.5	6.7	0.7	0.0	0.7	0.0
Stay beside person	10.0	11.7	12.6	10.7	0.0	0.0	0.0	0.0

responses indicate "tell her if he was there and whether she could see him" accounted for approximately 25% of the response choices.

Nursing students tended to interact more frequently in the emotional dimension than did nurse educators by attempting to reassure the person, whereas nurse educators selected responses which tended to focus more on the feelings of the person. Nurse educators tended to relate slightly more frequently in the intellectual dimension than did other nurses by giving more factual information and discussing the relevant concerns of the person. They attempted to reassure the wife approximately half as often as the other status groups.

Staff nurses tended to give less factual information than did the other status groups and therefore related less frequently in the intellectual dimension. They were inclined to reassure the person more often than did nursing students and nurse educators but tended to be more sensitive to the feelings of the person than were the nursing students and nurse administrators.

Nurse administrators tended to refer the person to someone else (doctor) three times as often and to discuss the relevant concerns approximately half as often as the nurse educators. They also were inclined to reassure the person and be less sensitive to her feelings than were the other status groups.

All status groups indicated they would respond least frequently in the physical dimension and approximately 10% of these choices would be to remain with the person. Although only approximately one-tenth indicated they would remain with the person, approximately 27% of the response choices indicated they would not leave her alone. To attempt to relieve the person's feelings by a discussion of other things was selected as inappropriate by all status groups approximately one in every four

responses. To change the subject or leave the person alone accounted for the large portion (approximately 67%) of would not make responses in the emotional dimension. Nurse educators indicated they would refer the person to someone else or attempt to reassure her less frequently than did the other status groups.

Summary

All status groups consider this situation one in which they would interact in the intellectual dimension twice as frequently as in the emotional or physical dimensions. Nurses, although they only chose to remain with the person approximately 10% of the time, consider it inappropriate to leave her alone. Nursing students, nurse educators, staff nurses and nurse administrators would not relieve the feelings of this anxious relative by discussing other things, but by giving her the factual information they felt was relevant.

SITUATION VIII

A mother has just delivered a malformed baby (multiple anomalies). She wonders why this should happen to her. She is a registered nurse.

The results of the analysis are presented in Table 16 and the percentages of individual response choices in Table 17. The chi square test of independence indicates that the status of the nurse is not significantly related to the responses she would or would not make when interacting with a mother who has just given birth to a malformed child.

On examination of the data, all status groups tended to respond in a similar manner in this situation, interacting with approximately equal

TABLE 16

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION VIII

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	39.7%	35.2%	25.1%	23.1%	66.2%	10.7%
Nurse Educators	32.6	36.8	30.5	27.2	66.3	6.5
Staff Nurses	37.2	36.4	26.4	27.0	64.8	8.2
Nurse Administrators	43.0	30.2	26.8	26.5	61.2	12.2
Chi Square*	6.27			7.40		

*A chi square of 12.59 is necessary to obtain significance at the .05 level.

proportions of intellectual (approximately 38%) and emotional (approximately 35%) responses with only slightly less (approximately 27%) in the physical dimension. More variation was noted among the intellectual, emotional and physical dimensions in the would not make category in that the proportion of emotional responses selected accounted for nearly two-thirds of the total response choices while the physical dimension made up approximately one-tenth.

Observation of the data in Table 17 reveals that all status groups have selected similar responses. The most appropriate responses selected for this situation were: discussing the concerns of the patient (approximately 25%, exploring her feelings (approximately 20%), and staying beside her (approximately 15%). To leave the patient alone at this time, relieve her feelings by discussing other things, and attempt to reassure her accounted for the large proportion of would not make responses in the emotional dimension.

Nursing students tended to give more information than did nurse educators but verbalized their perception of the patient's feelings more frequently than did nurse administrators. Nurse educators tended to use more emotional responses such as verbalizing and exploring the feelings of the patient and selected giving of information less frequently than did other status groups. They also indicated they would stay with the patient more often and become more physically involved in touch.

Staff nurses tended to give less information and focus more on the feelings of the patient in this situation than did the nurse administrators who gave more information and were least sensitive to the patient's emotions of all the status groups. Nurse administrators tended to refer the patient to someone else more frequently than did the nurse educators and slightly more often than the other groups.

TABLE 17

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION VIII

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	2.4%	2.1%	2.0%	0.7%	5.1%	7.1%	7.3%	8.2%
Refer	4.1	2.6	4.4	5.4	6.5	10.3	6.4	5.4
Give information	7.8	3.2	6.0	10.1	4.6	4.9	6.0	4.1
Suggest	1.2	0.5	0.8	1.3	6.8	4.9	6.9	8.8
Be open to concerns	24.2	24.2	24.0	25.5	0.1	0.0	0.4	0.0
Emotional Responses								
Attempt to reassure	1.2	0.5	2.0	1.3	17.3	18.5	18.5	11.6
Leave alone	1.0	0.0	0.8	0.7	23.7	23.9	21.9	27.2
Discuss other things	0.5	0.5	0.0	0.7	23.6	21.2	20.6	19.7
Verbalize perception	13.5	13.2	14.4	8.7	1.5	2.2	3.0	2.0
Explore feelings	19.0	22.6	19.2	18.8	0.1	0.5	0.9	0.7
Physical Responses								
Embrace	0.2	0.0	0.0	0.7	8.6	6.5	7.3	10.9
Arm around shoulder	0.6	0.5	0.4	0.0	1.1	0.0	0.0	0.7
Hold hand	3.8	6.8	4.4	6.0	0.5	0.0	0.9	0.0
Hand on arm	6.1	5.8	6.4	5.4	0.4	0.0	0.0	0.7
Stay beside person	14.4	17.4	15.2	14.8	0.1	0.0	0.0	0.0

Although physical responses were selected as being appropriate approximately 27% of the time, nurses did not consider touch as being an inappropriate response except for embracing the patient which was selected as unsuitable approximately one in every 14 responses.

Summary

Nurses in all status groups would interact in the intellectual, emotional and physical dimensions with approximately equal frequency. Responses such as being open to the patient's concerns, verbalizing and exploring her feelings and remaining with her were selected as being appropriate. They do not view this situation as one in which the nurse would relieve the person's feelings by a discussion of other things or by attempting to reassure her.

SITUATION IX

A handsome 22 year-old man who is a quadriplegic due to an accident was allowed to attend a house party with his friends. On return to the ward he is very depressed.

The results of the analysis are presented in Table 18 and the percentages of individual response options are reported in Table 19.

The nonsignificant chi square value indicated that the type of interaction a nurse would establish with this depressed patient is not dependent on her status. The intellectual, emotional and physical would make and would not make responses of nursing students, nurse educators, staff nurses and nurse administrators are not related to their nursing position.

Nurses indicated they would respond to this depressed patient with

TABLE 18

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION IX

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	38.9%	45.3%	15.8%	23.1%	57.4%	19.5%
Nurse Educators	31.1	48.4	20.5	25.5	60.3	14.1
Staff Nurses	38.4	46.3	15.3	18.6	59.3	22.0
Nurse Administrators	40.4	41.1	18.5	22.8	52.4	24.8
Chi Square*	6.91			9.0		

*A chi square of 12.59 is necessary to obtain significance at the .05 level.

approximately 45% emotional. 37% intellectual and 18% physical responses. A combination of exploring the patient's feelings and using reflective techniques to understand his feelings accounted for approximately 40% of the response options. A discussion of the patient's concerns was selected approximately one-quarter of the time as an appropriate response.

Nursing students selected less emotional and physical and more intellectual responses than did nurse educators. They tended to obtain information twice as often as the educators but were more sensitive to the feelings of the patient than were nurse administrators.

Nurse educators tended to obtain less information and focus more on the feelings of the patient than did other status groups. They also indicated they would stay with the patient more frequently.

Staff nurses chose to relieve the patient's feelings by discussing other things twice as often as other status groups. Nurse administrators, while being more open to the concerns of the patient tended to be less sensitive to his feelings. This would in part account for the higher proportion of intellectual responses and the lower proportion of emotional responses chosen by the nurse administrators.

Inappropriate interactions for nursing this depressed patient were to leave him alone (approximately 20%), attempt to reassure him (approximately 17%), relieve his feelings by discussing other things (approximately 16%), and embrace him (approximately 14%). Physical responses, though not selected as appropriate, were not chosen as unsuitable.

Summary

When nursing this depressed patient all status groups would respond most frequently in the emotional dimension by attempting to understand and explore the patient's feelings. The response of helping the patient

TABLE 19

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION IX

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	11.9%	6.3%	11.4%	9.6%	4.0%	4.3%	4.2%	6.2%
Refer	0.5	0.0	0.8	0.7	9.5	8.2	8.9	11.0
Give information	0.3	0.5	0.4	1.4	5.3	5.4	3.0	1.4
Suggest	2.1	0.5	0.8	2.7	4.0	7.6	2.1	4.1
Be open to concerns	24.2	23.7	25.1	26.7	0.3	0.0	0.4	0.0
Emotional Responses								
Attempt to reassure	0.4	1.1	1.2	0.0	16.7	19.0	18.2	15.2
Leave alone	1.2	0.0	2.0	4.8	20.5	20.1	22.9	20.1
Discuss other things	2.6	1.6	4.7	2.7	17.3	17.9	15.3	15.9
Verbalize perception	18.2	19.5	16.5	13.0	2.5	2.7	2.1	1.4
Explore feelings	23.0	26.3	22.0	20.5	0.4	0.5	0.8	0.0
Physical Responses								
Embrace	0.1	0.0	0.0	0.0	13.9	9.8	13.6	16.6
Arm around shoulder	0.2	0.5	0.0	0.7	2.2	2.2	2.5	3.4
Hold hand	0.3	1.1	0.0	0.7	1.8	1.1	3.8	3.4
Hand on arm	4.1	3.7	3.5	4.1	1.3	1.1	2.1	1.4
Stay beside person	11.1	15.3	11.8	13.0	0.2	0.0	0.0	0.0

define and discuss his concerns was selected as the appropriate intellectual response. The nurses indicated they would not leave the patient alone approximately one-fifth of the response options yet written responses such as "...he likely will have to make the first move" and "Wait for him to begin interaction. Nurse to use silence as mode of expressing concern," indicate that nurses may not be too willing to initiate interaction on a feeling level.

SITUATION X

A female patient who speaks and understands English poorly has been diagnosed as a diabetic and put on a diet. She complains bitterly about the food, not having enough to eat and refuses much of what is served to her.

In the analysis of the data presented in Table 20, the chi square test of independence indicates that a significant relationship does not exist between the would make responses of the participants and their status. The chi square value for the would not make choices is significant at the .05 level indicating that the intellectual, emotional and physical responses selected by nurses were associated with their status when nursing this patient with a language barrier.

The intellectual dimension is the preferred category for interacting as approximately three-quarters of the response options selected were intellectual while relatively few responses (approximately 5%) were selected in the physical dimension. A strong resemblance exists among the proportions of responses selected in the would make category as indicated in Table 20, but slightly more variation was noted in the individual response choices as reported in Table 21.

Nursing students tended to give information and make suggestions

TABLE 20

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION X

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	76.2%	19.5%	4.3%	12.1%	59.6%	28.3%
Nurse Educators	71.0	24.0	4.9	19.4	63.5	17.1
Staff Nurses	75.3	19.1	5.6	16.1	61.3	22.6
Nurse Administrators	75.5	21.0	3.5	14.0	67.4	18.6
Chi Square*	3.64			20.79**		

* A chi square of 12.59 is necessary to obtain significance at the .05 level.

** $p < .001$

TABLE 21

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION X

Would Make					Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	13.2%	18.6%	13.9%	14.0%	2.7%	1.2%	3.2%	3.9%
Refer	13.5	9.3	16.7	18.2	4.3	7.6	4.1	3.9
Give information	24.2	17.5	22.3	19.6	2.1	3.5	3.7	2.3
Suggest	10.3	6.0	7.2	7.0	2.6	6.5	5.1	3.1
Be open to concerns	15.0	19.7	15.1	16.8	0.4	0.6	0.0	0.8
Emotional Responses								
Attempt to reassure	0.1	1.6	0.8	3.5	16.5	19.4	13.8	13.2
Leave alone	0.1	0.0	0.0	0.0	18.0	20.0	20.3	21.7
Discuss other things	0.1	0.0	0.0	0.0	21.2	21.2	23.5	27.9
Verbalize perception	8.6	7.7	6.0	5.6	2.9	2.9	2.3	3.1
Explore feelings	10.5	14.8	12.4	11.9	1.1	0.0	1.4	1.6
Physical Responses								
Embrace	0.0	0.0	0.0	0.0	17.3	11.8	15.2	14.7
Arm around shoulder	0.3	0.0	0.0	0.0	3.3	0.6	0.9	0.0
Hold hand	0.7	1.1	0.8	1.4	4.4	2.4	4.1	3.1
Hand on arm	1.3	1.6	2.8	1.4	2.9	1.8	1.8	0.8
Stay beside person	2.0	2.2	2.0	0.7	0.5	0.6	0.5	0.0

more frequently than did other status groups while nurse educators tended to obtain information and discuss the concerns of the patient with her more frequently. One nursing student, in a written answer, indicated she would "draw pictures" in an attempt to explain the information she was giving. Nurse educators also tended to refer the patient to someone else and give information less often than did other status groups.

Staff nurses' response choices varied very little from those of the other groups while nurse administrators tended to refer the patient to someone else twice as often as did nurse educators. Written responses received from 106 participants indicated they would refer or seek the assistance of a dietitian or interpreter who spoke the patient's language. Approximately 17% of response choices indicated the nurse would attempt to understand the patient's feelings.

Nursing students selected fewer intellectual and emotional and more physical response choices than did nurse educators as being inappropriate, while nurse educators chose the fewest physical and largest proportion of intellectual responses as being unsuitable in nursing this patient with a language barrier. Nurse administrators indicated they would interact least often in the emotional dimension while nurse educators tended to choose referring the patient to someone else as an unsuitable response approximately twice as often as did other status groups. They also indicated that making suggestions was inappropriate approximately twice as often as nursing students and nurse administrators.

Although all status groups selected embracing the patient as an unsuitable physical response, nursing students tended to choose touch responses as inappropriate approximately twice as often as did nurse educators. All status groups chose not to relieve the patient's feelings by discussing other things approximately one-quarter of the response

options. To leave the patient alone or attempt to reassure her were also chosen as inappropriate ways of interacting with the patient.

Summary

When nursing a patient who has a language barrier, three-quarters of the responses chosen by the nurses in this study were in the intellectual dimension. Nurses from one or more status groups indicated they would make all the intellectual response options to varying degrees in relating to this patient. A significant relationship exists between the status of the nurse and the response she would not make in this situation. The status of student and educator tended to influence the proportion of physical and intellectual responses these nurses would not make. These proportions are reversed in the groups, nursing students tended to select more physical responses as being inappropriate while nurse educators tended to choose intellectual responses as being unsuitable.

SITUATION XI

A 40 year-old lady has a coronary occlusion following surgery. Because her condition is serious you call her husband. She expires before he arrives. The doctor informs the husband of his wife's death. You are left with making the necessary arrangements. You have answered some of his questions during his wife's hospitalization.

The analysis of the data is presented in Table 22 and the proportions of individual response choices in Table 23.

The chi square test of independence indicates that the proportion of intellectual, emotional and physical responses nursing students, nurse educators, staff nurses and nurse administrators would make when

TABLE 22

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION XI

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	37.5%	25.7%	36.8%	26.5%	60.3%	13.2%
Nurse Educators	39.1	22.8	38.0	23.4	68.0	8.6
Staff Nurses	43.5	25.0	31.5	21.1	67.1	11.8
Nurse Administrators	51.0	15.6	33.3	23.6	67.1	9.3
Chi Square*	15.32**			10.04		

* A chi square of 12.59 is necessary to obtain significance at the .05 level.

**p < .01

comforting a grieving person are dependent upon their status. However, no significant relationship was found in the would not make category.

On examination of the data in Table 23 considerable similarity exists among the intellectual, emotional and physical responses of nursing students and nurse educators. Although the proportions are small, nursing students tended to leave the patient alone three times as often and indicated they would not stay with him quite as frequently as did the nurse educators. Nurse educators tended to obtain twice as much information as did the nursing students. Written responses indicate that the type of information obtained would be to "ask if there is any way you can be of help to him" or "find out if he wants you to remain with him."

Staff nurses indicated they would respond in the intellectual dimension approximately two out of every five responses and in the emotional dimension, one in four as compared to nurse administrators who tended to respond in the intellectual dimension approximately one-half of the time and in the emotional one out of every seventh response. Both staff nurses and nurse administrators tended to use more intellectual responses than did nursing students and nurse educators, with nurse administrators selecting intellectual responses approximately one-half the time and nursing students just over one-third of the time.

Although all status groups tended to be open to the person's concerns in approximately equal proportions, staff nurses and nurse administrators tended to give information more frequently. Nurse administrators tended to make suggestions twice as often as did other status groups. While all status groups would use reflective techniques in attempting to understand the person's feelings in approximate equal proportions, nurse educators would explore the person's feelings with him approximately three times more often than was indicated by nurse administrators. To

TABLE 23

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION XI

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	1.4%	3.8%	1.2%	0.7%	8.0%	8.6%	8.0%	7.1%
Refer	2.2	2.7	2.8	3.4	9.7	11.4	7.6	9.3
Give information	9.6	8.1	12.1	12.2	4.3	1.7	1.7	2.9
Suggest	6.4	6.5	8.5	15.6	3.9	1.7	2.1	2.9
Be open to concerns	17.9	17.4	19.0	19.0	0.7	0.0	1.7	1.4
Emotional Responses								
Attempt to reassure	1.1	1.1	2.8	0.7	15.3	20.0	13.1	13.6
Leave alone	6.3	2.2	4.8	3.4	17.9	21.1	22.8	27.1
Discuss other things	0.1	0.0	0.0	0.7	22.3	24.5	21.4	24.6
Verbalize perception	7.9	8.7	8.9	8.2	3.4	1.1	4.2	3.6
Explore feelings	10.2	10.9	8.5	2.7	1.5	1.1	2.5	1.4
Physical Responses								
Embrace	0.1	0.0	0.0	0.7	9.7	7.4	8.4	7.9
Arm around shoulder	1.4	1.1	2.0	1.4	1.4	0.0	1.7	0.7
Hold hand	1.8	0.5	1.2	1.4	1.3	0.6	1.7	0.7
Hand on arm	14.3	14.7	11.7	15.0	0.3	0.0	0.0	0.0
Stay beside person	19.2	21.7	16.5	15.0	0.5	0.6	0.0	0.0

remain with the patient and to touch him on the arm were selected as appropriate physical responses in this situation.

The response proportions of the participants contained considerable resemblance in the would not make category. The high proportion of would not make responses in the emotional dimension are accounted for by all status groups indicating that leaving the patient alone, changing the topic and attempting to reassure him were inappropriate. Although nursing students tended to consider leaving the person alone as being less unsuitable than did nurse administrators, they would give less information and make fewer suggestions than did the nurse administrators.

Summary

A significant relationship exists between the status of nurses and the responses they tended to choose for interacting with this grieving person. Although nursing students and nurse educators selected intellectual responses in approximately equal proportion with physical responses, nurse administrators tended to respond in the intellectual dimension approximately one-half the time and in the emotional one-seventh. The larger proportion of intellectual and smaller proportion of emotional responses chosen by nurse administrators could account for the significant relationship evident in the would make response category. To be open to the person's concerns and remain with him were selected as the most appropriate responses, while leaving the person alone or relieving his feelings by discussing other things were chosen as inappropriate responses.

SITUATION XII

A 28 year-old mother of two preschool children begins to tell you about the problems she is having with her husband, children and home situation. She is worried about the children. She is recovering from an operation.

The status of the nursing students, nurse educators, staff nurses and nurse administrators is not significantly related to the responses they indicated they would make as denoted by the analysis reported in Table 24. The intellectual, emotional and physical responses the nurses would not make when nursing this worried mother were significantly related to their status as indicated by the significant chi square value.

On observation of the data considerable similarity exists in the proportion of intellectual, emotional and physical response options selected by the participants. All status groups preferred to respond in the intellectual dimension approximately three-fifths of the time, while the proportion of physical responses selected was approximately one-tenth. To be open to the concerns of this mother was chosen by all status groups as an appropriate response approximately 27% of the response choices as noted in Table 25, the percentages of individual response choices.

Nursing students tended to make suggestions approximately one-tenth of the time or twice as often as nurse educators. While nursing students and nurse educators would use reflective techniques to help understand the patient's feelings approximately one-tenth of the time, staff nurses and nurse administrators selected this response only half as frequently.

Nurse administrators tended to make suggestions or refer the patient to someone else more frequently than did the other status groups. Written responses indicated an appropriate referral would be to a social service agency while three nurses asked "her to reconsider, did she really want

TABLE 24

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION XII

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	63.3%	29.0%	7.7%	16.2%	65.9%	17.6%
Nurse Educators	58.5	30.3	11.2	22.5	68.7	16.2
Staff Nurses	66.4	26.0	7.6	19.6	63.9	16.5
Nurse Administrators	66.4	22.1	11.4	11.9	69.9	18.2
Chi Square*	8.81			15.78**		

* A chi square of 12.59 is necessary to obtain significance at the .05 level.

**p < .01

TABLE 25

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION XII

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	9.1%	8.5%	10.3%	2.7%	3.0%	3.8%	4.3%	4.2%
Refer	15.4	14.4	14.1	19.5	4.2	3.3	4.8	1.4
Give information	2.4	2.1	1.1	0.7	4.4	6.0	2.2	2.6
Suggest	10.5	5.3	12.6	18.1	4.4	8.1	7.8	4.2
Be open to concerns	25.9	28.2	28.2	25.5	0.2	1.1	0.4	0.0
Emotional Responses								
Attempt to reassure	1.4	0.5	3.4	3.4	16.9	22.0	12.2	15.4
Leave alone	0.3	0.0	1.1	0.0	23.8	22.0	24.3	23.8
Discuss other things	0.5	0.0	0.0	0.7	22.3	20.9	25.2	24.5
Verbalize perception	10.4	10.1	4.6	5.4	2.2	2.2	1.3	6.3
Explore feelings	16.5	19.7	16.8	12.8	0.6	1.6	0.9	0.0
Physical Responses								
Embrace	0.1	0.0	0.0	0.0	12.1	6.6	10.4	14.0
Arm around shoulder	0.0	0.0	0.0	0.0	2.1	1.1	3.5	2.8
Hold hand	0.8	1.1	1.1	2.0	1.5	0.5	2.2	1.4
Hand on arm	0.9	1.1	1.1	2.7	1.8	0.5	0.4	0.0
Stay beside person	5.9	9.0	5.3	6.7	0.4	0.0	0.0	0.0

to tell you everything." Although the proportions are small, staff nurses tended to obtain information four times as often as did nurse administrators.

In the would not make category approximately 66% of the responses are in the emotional dimension with all status groups selecting as inappropriate the responses of leaving the patient alone, relieving her feelings by a discussion of other things and attempting to reassure her. Nursing students tended to choose fewer intellectual and emotional responses and more physical responses as being appropriate when compared to nurse educators. Nurse administrators tended to select an emotional response as being unsuitable approximately six times as frequently as they selected an intellectual response. While the proportion of physical responses selected as being inappropriate was approximately one in six, embracing the patient accounted for approximately one in ten of these responses. Nurse administrators considered embracing inappropriate approximately twice as often as did nurse educators.

Summary

The would make responses of nursing students, nurse educators, staff nurses and nurse administrators were not dependent on the status of the nurse but a significant relationship exists between the status of the nurse and the type of response she would not make when talking with this worried patient. To be open to the patient's concerns, referring her to someone else, and suggesting what she might do were the responses which nurses in this study selected to make when interacting in the intellectual dimension. To leave the patient alone, relieve her anxiety by discussing something else, and attempting to reassure her accounted for the large proportion of inappropriate responses in the emotional dimension. Nurse

administrators tended to use the responses to refer and suggest more frequently than did other status groups, while they verbalized their perception of the patient's feelings less frequently.

SITUATION XIII

A mother of a hospitalized child (heart condition) travels a considerable distance each day to visit and remains with the child till he falls asleep at night. She has a 4 year-old at home and her husband is unhappy about the amount of time she spends at the hospital. She approaches you regarding the situation.

The analysis of the data is presented in Table 26 and the percentages of individual response options in Table 27.

The chi square test of independence reveals that the responses the participating nurses in this study would make are not associated with their status, but a significant relationship does exist between the responses they would not make and their status as a nursing student, nurse educator, staff nurse or nurse administrator.

On examination of the data in Table 26 a striking similarity is apparent among the proportions of intellectual, emotional and physical responses all status groups would make. Interaction in the intellectual dimension was preferred, with nurse administrators selecting approximately four intellectual out of every five responses and nurse educators choosing approximately two intellectual out of every three responses. Physical responses accounted for approximately 2% of all response choices.

Although the intellectual response of being open to the concerns of the patient accounted for approximately 25% of the response choices (see Table 27), nurse educators tended to select this response slightly more often than did nurse administrators. Nursing students tended to obtain

TABLE 26

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION XIII

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	71.1%	26.3%	2.6%	14.8%	63.0%	22.3%
Nurse Educators	64.9	33.0	2.1	23.7	66.7	9.6
Staff Nurses	76.1	22.4	1.5	16.8	64.2	19.0
Nurse Administrators	78.7	19.9	1.3	11.3	67.7	21.1
Chi Square*	11.90			23.25**		

* A chi square of 12.59 is necessary to obtain significance at the .05 level.

**p < .001

TABLE 27

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION XIII

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	11.8%	13.3%	14.7%	12.6%	2.0%	4.0%	2.6%	2.3%
Refer	6.0	4.3	6.2	11.3	7.2	10.7	8.6	6.0
Give information	7.4	5.3	4.2	6.0	3.3	4.5	3.0	0.8
Suggest	21.8	14.9	26.3	25.2	2.0	4.5	2.6	2.3
Be open to concerns	24.0	27.1	24.7	23.8	0.2	0.0	0.0	0.0
Emotional Responses								
Attempt to reassure	1.7	2.1	2.3	2.0	15.0	19.2	13.8	9.8
Leave alone	0.0	0.0	0.0	0.7	19.3	18.1	16.8	24.8
Discuss other things	0.1	0.0	0.4	0.0	25.8	26.6	29.7	29.3
Verbalize perception	9.9	11.7	7.7	6.6	2.4	2.3	3.9	3.8
Explore feelings	14.5	19.1	12.0	10.6	0.4	0.6	0.0	0.0
Physical Responses								
Embrace	0.1	0.0	0.0	0.0	14.7	6.8	10.3	14.3
Arm around shoulder	0.1	0.0	0.0	0.0	2.2	1.1	3.0	5.3
Hold hand	0.1	0.0	0.0	0.0	3.4	0.6	4.3	1.5
Hand on arm	0.7	0.0	0.4	0.0	1.7	1.1	1.3	0.0
Stay beside person	1.6	2.1	1.2	1.3	0.3	0.0	0.0	0.0

less information than did nurse educators who indicated they would make suggestions one-seventh of the time, while nurse administrators and staff nurses would make suggestions one-quarter of the time. Nurse administrators tended to refer the mother to someone else almost three times as often as did nurse educators. Written responses indicate the referral would be made to a social service agency. Nurse educators tended to try to understand the person's experience by verbalizing their perception of her feelings approximately twice as often as did nurse administrators.

In the would not make category, to relieve the person's feelings by a discussion of other things, leave the person alone, and attempt to reassure her accounted for the approximate two-thirds proportion of emotional response choices. Nurse educators selected obtaining information and suggesting what the person might do as being inappropriate approximately twice as often as did nursing students, while nursing students considered embracing the person as being unsuitable approximately twice as often as did nurse educators. Nurse educators selected attempting to reassure the person as inappropriate approximately twice as often as did nurse administrators.

The small proportion (9.6%) of physical responses and the larger proportion (23.7%) of intellectual responses selected by nurse educators could account for the significant relationship in the would not make category. That is, the responses nurse educators tended to select as inappropriate are dependent on their status as an educator.

Summary

All status groups considered the intellectual dimension as the appropriate dimension for interacting in this situation. Nurse administrators tended to select more intellectual and fewer emotional responses as

being appropriate. To be open to the person's concerns was chosen as being the most appropriate response, while relieving the person's feelings by a discussion of other things was selected as least suitable. The responses of nurse educators tended to vary from the other status groups most noticeably both in the intellectual and physical dimensions of the would not make response choices, as well as in the individual response options.

SITUATION XIV

A 24 year-old man is admitted with pancreatitis. He does not accept the doctor's explanation regarding his condition, removes his intravenous, nasal-gastric tube and catheter. He states he is going to leave the hospital.

The results of the analysis are presented in Table 28 and the percentages of individual response options chosen in Table 29.

The response options selected in the would make category are not significantly associated with the status of nursing student, nurse educator, staff nurse or nurse administrator. However, the selection of responses in the would not make category are significantly related to the status of the nurses who participated in this study as indicated by the calculated chi square value.

When nursing this uncooperative, agitated patient, the participants selected approximately 60% intellectual, 27% emotional, and 13% physical response options. On observation of the data in Table 28, a striking similarity is noted among the response options of all status groups with nursing students selecting slightly more intellectual responses than did nurse educators and slightly fewer physical responses than did nurse administrators. Nursing students chose slightly more emotional responses

TABLE 28

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION XIV

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	62.1%	26.8%	11.1%	13.3%	61.8%	24.8%
Nurse Educators	56.6	29.6	13.8	18.5	67.4	14.0
Staff Nurses	57.6	29.8	12.5	15.7	60.9	23.4
Nurse Administrators	61.7	23.5	14.8	16.5	56.8	26.6
Chi Square*	5.74			13.79**		

* A chi square of 12.59 is necessary to obtain significance at the .05 level.

**p < .05

than selected by nurse administrators.

More variation was found among the individual response choices as noted in Table 29, but again the proportions were very similar. All status groups indicated they would give this patient further information approximately one-fifth of the time. Written responses indicated this information would be in the form of "...explaining his condition and the need for treatment." Nursing students tended to give factual information slightly more frequently than did nurse educators, while the nurse educators tended to be open to and discuss the patient's concerns approximately 20% of the time-more frequently than did the other status groups. Nurse educators tended to be more sensitive to the patient's feelings, the proportion of these responses selected being approximately 30%, whereas nurse administrators indicated they would verbalize their perception of the patient's experience and explore his feelings approximately 20% of the response choices. All status groups chose to remain with the patient approximately one in every eight responses, with nursing students choosing this response slightly less frequently than did nurse administrators.

A significant relationship was found between the responses selected by nurses in the would not make category and their status. Although the proportion of intellectual, emotional and physical response options show a resemblance, nurse educators selected approximately 10% fewer physical responses as being unsuitable than did the other status groups. The discrepancy in the proportion is accounted for by nursing students, staff nurses and nurse administrators selecting embracing the patient as being at least twice as inappropriate as did nurse educators. Nurse educators also selected the largest proportion of emotional responses as being unsuitable. They considered attempting to reassure the patient as an inappropriate response approximately 5% more frequently than did staff nurses

TABLE 29

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION XIV

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	16.3%	12.7%	14.5%	17.4%	1.4%	2.2%	1.7%	2.9%
Refer	3.0	1.1	2.0	2.7	6.2	7.9	8.5	7.9
Give information	23.2	19.6	22.0	20.1	1.1	3.4	1.7	0.7
Suggest	2.8	3.2	3.1	3.4	4.3	5.1	3.8	4.3
Be open to concerns	16.8	20.1	16.1	18.1	0.3	0.0	0.0	0.7
Emotional Responses								
Attempt to reassure	1.1	1.6	5.1	3.4	14.5	16.3	11.1	11.5
Leave alone	0.3	0.0	0.4	0.0	26.2	28.1	28.1	26.6
Discuss other things	0.5	0.0	0.4	0.7	19.7	19.7	21.3	18.0
Verbalize perception	8.7	9.0	7.5	7.4	1.2	2.8	0.4	0.7
Explore feelings	16.3	19.0	16.5	12.1	0.1	0.6	0.0	0.0
Physical Responses								
Embrace	0.1	0.0	0.0	0.0	16.6	7.3	13.6	18.0
Arm around shoulder	0.3	0.0	0.0	0.0	2.2	1.1	2.6	3.6
Hold hand	0.1	0.5	0.0	0.0	3.6	2.2	4.3	2.9
Hand on arm	0.9	1.1	0.4	1.3	2.2	3.4	3.0	2.2
Stay beside person	9.8	12.2	12.2	13.4	0.3	0.0	0.0	0.0

and nurse administrators. All status groups considered leaving the patient alone as inappropriate approximately 27% of the would not make response options while they also selected relieving the patient's feelings by discussing other things as unsuitable approximately one-fifth of the response options.

Physical responses accounted for approximately 25% of the would not make responses. The largest proportion of these (14%) were embracing the patient. Some written responses indicated that "stern action should be taken" or "...even force to make him listen." Other written responses were they would "...hold the door open for him" if explanation and discussion of his concerns failed while others placed the responsibility of the patient's action on him, "You are old enough to make up your own mind and can leave if you wish, but consider this, what will happen when the pain returns?"

Summary

The nurses participating in this study indicated they would respond most frequently in the intellectual dimension by giving the factual information they felt the patient needed to know, discussing his concerns, and obtaining further information. A significant relationship was found in the responses that nursing students, nurse educators, staff nurses and nurse administrators would not make when interacting with this patient. The proportion of physical responses nurse educators would not make in this situation tended to be related to their status as an educator. Inappropriate responses were considered to be: leaving the patient alone, relieving his feelings by discussing other things, and reassuring him. All nurses tended to deal with this man's feelings by giving him factual information rather than changing the topic or attempting to reassure him.

SITUATION XV

An elderly gentleman who lives alone develops some minor complaint whenever the doctor suggests it is time for his discharge. He tells you how lonely he has been since his wife died.

The analysis of the data is presented in Table 30 and the percentages of individual response choices in Table 31.

The responses nurses would make when nursing this elderly gentleman who expresses his loneliness are not significantly related to their status as a nursing student, nurse educator, staff nurse or nurse administrator, but the proportion of intellectual, emotional and physical responses they would not make is significantly associated to their status. On observation of the data this relationship tends to be associated with the larger proportion of intellectual and the smaller proportion of physical responses nurse educators consider inappropriate.

In the would make category, the largest proportion of preferred responses for all status groups is in the intellectual dimension, and the smallest in the physical. Whereas nurse educators selected intellectual responses just less than half the time, nurse administrators chose three out of every five as an intellectual response. Nurse educators also indicated they would make an emotional response approximately two-fifths of the time as compared to nurse administrators who would respond in the emotional dimension approximately one-quarter of the time. All status groups indicated they would be open to and discuss the concerns of the patient with him approximately 22% of the time and would attempt to explore his feelings approximately one response in every five as reported in Table 31.

Nursing students tended to make more suggestions than did nurse educators, but fewer than did nurse administrators, while nurse administrators

TABLE 30

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION XV

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	52.9%	32.1%	15.0%	16.6%	66.2%	17.2%
Nurse Educators	45.6	40.4	13.8	21.4	70.9	7.7
Staff Nurses	56.3	29.9	14.0	16.8	68.1	15.1
Nurse Administrators	60.0	26.0	14.0	12.2	71.2	16.5
Chi Square*	10.48			14.37**		

* A chi square of 12.59 is necessary to obtain significance at the .05 level.

**p < .05

TABLE 31

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION XV

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	8.2%	8.3%	7.9%	5.3%	2.2%	2.7%	4.3%	0.7%
Refer	7.3	4.7	8.7	10.0	6.8	9.3	6.0	4.3
Give information	1.6	1.6	0.8	1.3	5.5	7.1	4.3	6.5
Suggest	14.3	9.3	17.7	19.3	2.0	2.2	2.2	0.7
Be open to concerns	21.6	21.8	21.3	24.0	0.1	0.0	0.0	0.0
Emotional Responses								
Attempt to reassure	0.6	0.5	2.8	0.7	15.7	17.6	13.4	17.3
Leave alone	0.1	0.0	0.0	0.0	25.9	24.7	27.6	25.9
Discuss other things	0.5	0.0	0.4	0.7	22.8	24.7	24.6	25.9
Verbalize perception	12.8	16.1	8.3	7.3	1.6	3.8	2.2	1.4
Explore feelings	18.0	23.8	18.5	17.3	0.2	0.0	0.4	0.7
Physical Responses								
Embrace	0.1	0.0	0.0	0.0	12.8	4.4	10.3	12.9
Arm around shoulder	0.3	0.0	0.0	0.0	1.7	1.6	1.3	1.4
Hold hand	2.9	2.6	2.4	2.7	1.2	0.5	2.6	1.4
Hand on arm	4.2	4.1	3.5	6.7	1.3	1.1	0.9	0.7
Stay beside person	7.5	6.2	7.9	4.7	0.2	0.0	0.0	0.0

made approximately twice as many suggestions and referrals as nurse educators. Written responses indicated the referrals would be to a social service agency while the suggestions were to join some community senior citizens club.

Response options in the emotional dimension were considered inappropriate by all status groups more than two-thirds of the response selections. To leave the patient alone and relieve his feelings by discussing other things were selected as unsuitable responses in approximately equal proportion and accounted for nearly one-half of the would not make response choices. Approximately one-seventh of the would not make response choices were attempting to reassure the patient, while approximately one-tenth was the physical response of embracing the patient. Nurse educators selected the response option of embracing the patient three times less frequently than did nursing students and nurse administrators, and twice as infrequently as did staff nurses. Nurse educators selected referring the patient to someone else as inappropriate twice as often as did nurse administrators and tended to choose giving of factual information as more unsuitable than did staff nurses.

Summary

The nurses participating in this study selected the intellectual dimension as the preferred level of interacting when relating to a lonely elderly gentleman. Although they would be open to his concerns and discuss them with him they would also suggest how he might occupy his time. All status groups focused on his feelings and would help him express feelings he was unable to verbalize.

A significant relationship exists between the status of the nurse and the responses she would not make in this situation. The responses

nurse educators would not make appear to be associated to their status as an educator. Responses selected as inappropriate were to leave the patient alone, to relieve his feelings by discussing other things, and to attempt to reassure the patient. Nurses in this study would deal with this patient's feelings in the intellectual rather than the emotional dimension. The proportion of physical responses selected as appropriate tended to be small while the only unsuitable physical response was embracing the patient.

SITUATION XVI

An unmarried male patient, a few years older than yourself, is recovering from surgery. He asks you for your phone number. Assume you are unmarried.

The results of the chi square test of independence are presented in Table 32 and the percentages of individual response options in Table 33.

A significant chi square value was obtained for both the would make and would not make categories. This means the proportion of intellectual, emotional and physical responses selected are related to the status of nursing student, nurse educator, staff nurse or nurse administrator.

While a significant chi square was obtained, similarities may be noted in the data reported in Table 32. A selection of approximately 60% intellectual responses indicates that all status groups preferred to respond in the intellectual dimension, while approximately 6% of the response choices were in the physical dimension. Nurse administrators tended to give fewer intellectual (52.3%) and more emotional (42.2%) responses than did other status groups. Nurse administrators also tended to obtain less information than did other status groups, and to

TABLE 32

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION XVI

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	59.1%	38.1%	2.8%	15.2%	19.5%	65.3%
Nurse Educators	57.5	32.7	9.8	19.3	38.7	42.0
Staff Nurses	60.7	35.3	4.0	16.1	16.1	67.7
Nurse Administrators	52.3	42.2	5.5	9.8	18.8	71.4
Chi Square	21.45*			43.21**		

* $p < .001$

** $p < 0.0$

TABLE 33

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS FOR SITUATION XVI

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	19.0%	18.3%	20.2%	16.5%	3.3%	2.7%	4.3%	0.9%
Refer	2.2	0.0	1.2	0.9	7.7	10.0	8.1	2.7
Give information	22.1	22.2	21.4	15.6	1.2	1.3	2.2	3.6
Suggest	7.0	5.2	6.9	8.3	2.6	5.3	1.6	1.8
Be open to concerns	8.8	11.8	11.0	11.0	0.4	0.0	0.0	0.9
Emotional Responses								
Attempt to reassure	0.1	0.0	0.0	0.9	3.2	5.3	1.1	0.9
Leave alone	4.4	2.0	2.9	4.6	7.3	17.3	4.8	6.2
Discuss other things	10.9	3.9	13.9	9.2	6.6	14.7	4.3	8.0
Verbalize perception	10.6	13.1	9.2	11.0	1.1	0.7	3.8	0.9
Explore feelings	12.1	13.7	9.2	16.5	1.4	0.7	2.2	2.7
Physical Responses								
Embrace	0.3	0.7	1.2	1.8	18.2	20.0	15.8	28.6
Arm around shoulder	0.3	0.0	0.0	0.0	10.4	7.3	10.2	8.0
Hold hand	0.2	0.7	0.0	0.9	14.7	8.0	17.2	18.8
Hand on arm	0.4	0.0	0.0	0.9	10.2	6.7	11.8	13.4
Stay beside person	1.7	8.5	2.9	1.8	1.7	0.0	2.7	2.7

explore the patient's feelings more frequently. Nursing students tended to be less open to the person's concerns and handled the feelings in the situation by discussing other things approximately three times as often as did nurse educators. Nurse educators chose to remain with the patient five times more frequently than did nursing students, and also indicated they would leave him alone half as often as would the nursing students. The significant relationship tended to exist in the proportion of physical responses chosen by nursing students which is more than three times less than nurse educators.

More variation was found in the response proportions in the would not make response category. Although all status groups participating in the study selected responses in the physical dimension as being least appropriate, they ranged from nurse educators who chose 42% to nurse administrators who selected 71.4% as being unsuitable. Nurse educators selected approximately twice as many emotional responses as did nursing students in the would not make category, while nursing students would not make a physical response approximately two-thirds of the time as compared to nurse educators who would not make a physical response less than half the time. The proportion of intellectual responses selected as inappropriate by nurse administrators was approximately half as many as by nurse educators, while nurse educators indicated they would not make an emotional response approximately twice as often as did nurse administrators. The proportion of emotional and physical responses nurse educators would not make tended to be associated to their status as an educator, while the proportion of intellectual responses nurse administrators would not make could be related to their position as an administrator.

Examination of the individual response options in the would not make category reveals that all status groups consider physical contact with

this patient as inappropriate. The proportion of physical responses chosen tended to increase with an increase in the degree of physical contact, except all status groups have selected holding the patient's hand as more inappropriate than putting their arm around his shoulder or waist. Nurse educators would leave the patient alone less often and relieve his feeling by discussing other things less frequently than would the other status groups. Nurse administrators, who selected the smallest proportion of intellectual responses in the would not make category, tended to indicate referring the patient to someone else and making suggestions less frequently than did the other status groups, this therefore suggests they see them as less inappropriate responses.

Written responses received from 124 respondents ranged from giving the phone number to the patient, "give it to him," to refusing, "I'd probably refuse," or "tell him the phone number is not given out." Twenty-five nurses stated their reply would depend on the person and the type of relationship which had been established. Other nurses treated the request as a joke while some would "laugh it off."

Summary

All status groups view this situation as one in which they would interact in the intellectual dimension by either giving or getting information. Written responses indicated the nurse would either give the patient her phone number or "explain the need for maintaining a professional relationship between the nurse and the patient even though friendly." Some nurses avoided the issue by changing the subject or by telling the patient they were otherwise occupied.

Those who chose to interact in the emotional dimension did so by changing the topic or by focusing on the feelings in the situation. All

status groups considered this situation one in which they would not interact in the physical dimension. Although the greatest proportion of nurses indicated they would not physically touch the patient they indicate they would not leave him alone.

SITUATION XVII

You are with the doctor when he tells a 35 year-old man that he will be blind due to an industrial accident. His face is also burned. You have been specializing him in Intensive Care since his admission three days ago.

In the analysis of the data presented in Table 34 the chi square test of independence reveals that no significant relationship exists between the responses selected by nursing students, nurse educators, staff nurses and nurse administrators and their status when left with a patient who has just received distressing news regarding his condition. The chi square value in the would not make response category indicates that the proportion of intellectual, emotional and physical responses chosen by the participants is dependent on their status.

On examination of the data in Table 34 the proportions in the intellectual, emotional and physical categories reveals considerable agreement among all status groups. All status groups prefer to interact in the physical dimension approximately two-fifths of the time and in the intellectual and emotional with approximately equal frequency. Nurse educators selected more physical and fewer intellectual responses than did other status groups, while nurse administrators chose more intellectual and fewer emotional responses than did other groups.

The percentages of individual response options reported in Table 35 reveal that to stay beside the patient and be open to and discuss his

TABLE 34

PERCENTAGES OF INTELLECTUAL (I), EMOTIONAL (E), AND PHYSICAL (P)
RESPONSES CHOSEN ACCORDING TO THE STATUS OF THE NURSE FOR
SITUATION XVII

	Would Make			Would Not Make		
	I.	E.	P.	I.	E.	P.
Students	30.1%	29.9%	40.0%	22.7%	65.4%	11.9%
Nurse Educators	26.2	28.8	45.0	23.2	71.8	5.0
Staff Nurses	29.2	29.6	41.2	28.6	63.4	8.0
Nurse Administrators	32.5	26.5	41.1	28.4	58.9	12.8
Chi Square*	2.93			15.65**		

* A chi square of 12.59 is necessary to obtain significance at the .05 level.

**p < .01

TABLE 35

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS (N.A.) FOR SITUATION XVII

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	0.9%	1.6%	0.8%	0.7%	5.1%	4.4%	8.9%	4.3%
Refer	1.2	0.0	0.8	0.7	7.2	6.6	8.9	9.2
Give information	3.4	2.6	1.6	4.0	4.5	5.5	3.1	5.7
Suggest	2.7	1.6	2.0	1.3	5.7	6.6	7.6	8.5
Be open to concerns	21.6	20.4	24.0	25.8	0.1	0.0	0.0	0.7
Emotional Responses								
Attempt to reassure	2.7	0.0	5.2	6.6	17.7	23.8	13.8	13.5
Leave alone	1.9	1.0	2.8	3.3	24.9	24.9	28.1	24.8
Discuss other things	0.6	0.0	0.8	1.3	20.4	22.1	17.9	17.7
Verbalize perception	9.9	12.0	8.8	6.0	2.0	1.1	3.1	1.4
Explore feelings	14.8	15.7	12.0	9.3	0.4	0.0	0.4	1.4
Physical Responses								
Embrace	0.1	0.5	0.0	0.0	9.4	4.4	8.0	9.9
Arm around shoulder	0.6	0.0	0.8	1.3	1.2	0.6	0.0	2.1
Hold hand	8.5	7.9	9.6	9.9	0.5	0.0	0.0	0.0
Hand on arm	9.7	12.6	10.0	9.3	0.7	0.0	0.0	0.7
Stay beside person	21.1	24.1	20.8	20.5	0.1	0.0	0.0	0.0

concerns were chosen in approximately equal proportion and accounted for nearly one-half the appropriate response choices. Although the nurse educators tended to stay beside the patient and put their hand on his arm more frequently than did other nurses, staff nurses and nurse administrators would hold his hand more frequently than would the nurse educators. Nurse administrators tended to be open to and discuss the patient's concerns approximately one-quarter of the time while nurse educators selected this response one out of every five responses. Nurse administrators tended to give more factual information to the patient and be less sensitive to his feelings than were other status groups. A written response indicates the approach of one registered nurse, "You still can learn to do many things and be able to get around but you have to learn many new skills. This comes with time," while others responded they would let the patient "make the first move after the doctor left."

Nurse educators verbalized their perception of the patient's feelings with him twice as often as did nurse administrators, and explored his feelings more frequently than did other groups. Nurse administrators also tended to attempt to reassure the patient and leave him alone more frequently than was true for other status groups.

A significant relationship was found between the would not make responses and the status of the participants. Although all status groups consider emotional responses as inappropriate, approximately 65% of the response choices, nurse educators selected 70% and nurse administrators 60% as being unsuitable. Nursing students selected approximately twice as many physical responses in the would not make category as did nurse educators, while staff nurses selected only 3% more than did nurse educators as being inappropriate. Staff nurses and nurse administrators chose more intellectual responses than did nursing students and nurse educators as

being inappropriate. It would appear that the proportion of physical responses selected as inappropriate by nurse educators and staff nurses could account for the significant relationship which exists in the would not make response category.

The only physical response which staff nurses considered inappropriate was embracing the patient. Although nurse educators selected this as being less inappropriate, they also indicated they would not put their arm around the patient's shoulder a small percentage of the time. While all status groups considered leaving the patient alone as an unsuitable response 26% of response choices, staff nurses and nurse administrators selected relieving the person's feelings by discussing other things and reassuring the patient as slightly less unsuitable than did nursing students and nurse educators.

Summary

Nurses participating in this study preferred to respond in the physical dimension, with nurse educators making the largest proportion of physical responses and nursing students the least. All status groups indicated they would remain with the patient and become involved with touch to some extent. A significant relationship exists between the would not make responses and the status of the nurses. This relationship appears to be in the smaller proportion of physical responses nurse educators and staff nurses selected as inappropriate when compared to nursing students and nurse administrators. All status groups selected the responses of leaving the patient alone, relieving his feelings by changing the topic and attempting to reassure the patient as unsuitable behavior when interacting with this patient.

SUMMARY OF FINDINGS

The proportion of intellectual, emotional and physical responses of nurses participating in this study showed a significant relationship to their status as a nursing student, nurse educator, staff nurse or nurse administrator in 10 out of the 17 situations as determined by the chi square test of independence with a .05 level of significance. An association between the responses and status was found in two would make response categories and nine would not make response categories thus indicating there was more variation among the responses nurses selected they would not make than among the responses they indicated they would make. Situation XVI was the only described nurse-patient situation in which the responses were related to status in both the would make and would not make response categories.

Examination of the chi square analysis for the situations with significant would make responses reveals the proportion of intellectual and emotional responses chosen by nurse administrators in Situation XI varies from other status groups while in Situation XVI the proportion of physical responses selected by nurse educators is more than three times that of nursing students.

In the proportions of intellectual, emotional and physical responses selected in the would not make category, nurse educators responses varied from other status groups in eight out of the nine interaction situations. In Situations V, VI, X, and XV nurse educators selected more intellectual and fewer physical responses than did the other status groups while in Situation XVI and XVII they indicated fewer physical responses but more emotional responses. The proportion of physical responses which nurse educators chose not to make in these situations appears to be related to

their status as an educator. Nurse educators tended to select more intellectual and emotional responses as being inappropriate while they considered physical responses as being more suitable than did other status groups. Nurse administrators tended to select fewer responses in the intellectual dimension than did nursing students, nurse educators and staff nurses when interacting in Situation XII with the hospitalized mother of two preschool children. This would indicate they view intellectual responses as being more appropriate in this situation.

Nurses participating in this study selected intellectual responses as the largest proportion of response choices in 12 out of the 17 situations. Nurse educators selected a greater proportion of emotional responses in Situation VIII while the other status groups preferred to respond in the intellectual dimension. All status groups selected more responses from the emotional dimension when relating to the depressed quadriplegic patient and all groups selected the largest proportion of responses in the physical dimension when interacting with the crying child, the crying lady and the blind man.

The most frequently selected would make responses in the intellectual dimension were (see Table 36): to be open to and discuss the person's concerns and to give the factual information the nurse felt was relevant to the situation. Respondents tended to choose the responses of verbalizing their perception of the person's experience and exploring the person's feelings in the emotional dimension and preferred to remain beside the person most frequently when relating in the physical dimension.

The emotional dimension was considered the most inappropriate level in which to relate in 16 out of the 17 nurse-patient situations. Nurses selected the physical dimension as the most inappropriate in Situation XVI. The most frequently chosen responses in the would not make category

TABLE 36

PERCENTAGES OF RESPONSE OPTIONS CHOSEN BY NURSING STUDENTS (N.S.), NURSE EDUCATORS (N.E.), STAFF NURSES (S.N.) AND NURSE ADMINISTRATORS N.A.) FOR ALL SITUATIONS

	Would Make				Would Not Make			
	N.S.	N.E.	S.N.	N.A.	N.S.	N.E.	S.N.	N.A.
Intellectual Responses								
Obtain information	6.9%	9.3%	8.9%	7.0%	3.7%	4.3%	5.1%	4.5%
Refer	4.9	3.1	5.3	5.9	9.3	9.8	9.1	9.3
Give information	11.9	10.2	10.8	11.5	3.5	4.1	2.9	3.0
Suggest	5.7	3.8	6.5	7.0	3.4	5.4	3.9	3.8
Be open to concerns	17.5	19.3	17.8	18.9	0.5	0.4	0.5	0.5
Emotional Responses								
Attempt to reassure	2.8	1.8	4.3	4.6	13.2	16.0	10.8	10.9
Leave alone	1.1	0.5	.3	1.2	22.6	23.3	23.8	24.6
Discuss other things	2.1	1.3	2.4	2.3	18.2	19.7	20.0	19.6
Verbalize perception	9.8	11.5	8.6	11.5	2.2	2.0	2.6	2.2
Explore feelings	14.2	17.0	14.0	13.5	1.2	0.5	0.9	1.1
Physical Responses								
Embrace	1.5	1.7	1.5	1.7	8.7	8.5	11.9	12.9
Arm around shoulder	0.9	0.5	0.9	0.5	2.5	1.6	3.0	2.4
Hold hand	2.6	2.7	2.4	2.7	2.8	1.2	3.6	2.6
Hand on arm	4.8	5.1	3.9	5.9	1.8	1.1	1.8	1.4
Stay beside person	10.2	12.1	10.7	10.1	0.3	0.1	0.2	0.3

Percentages for this table were obtained by summing proportions over all situations and averaging.

were: to leave the person alone, to relieve the person's feelings by a discussion of other things, to attempt to reassure the person and to embrace the person.

In considering the proportion of individual response options selected by nursing students, nurse educators, staff nurses and nurse administrators it would appear that nurse administrators tended to refer the person to someone else and make suggestions more frequently than did other nurse groups, while nurse educators tended to obtain further information and be open to the person's concerns more often than did the other status groups. Nurse educators tended to give the least amount of factual information while nursing students tended to give the most factual information. In the emotional dimension, staff nurses and nurse administrators tended to attempt to reassure the patient more frequently than did nursing students and nurse educators. Nurse administrators and nurse educators tended to verbalize their perception of the person's feelings more often than did nursing students and staff nurses but nurse administrators tended to explore the person's feelings less often than did other groups.

All status groups tended to interact less in the physical dimension than in the intellectual and the emotional in most situations. Although the proportions are small, staff nurses tended to select fewer physical touch responses than did other nurses, and nurse administrators tended to choose more physical touch responses e.g. hand on arm. While nurses did not select physical responses as being appropriate in most situations they did not indicate they thought they were inappropriate except in Situation XVI. Nurse educators tended to indicate they thought physical responses were less inappropriate than did the other status groups. An interesting observation is noted in that the greater the degree of physical contact the more inappropriate the physical response becomes

over all status groups for most situations.

In the would not make response category, nurse educators tended to select referring the patient to someone else, giving factual information, making suggestions and attempting to reassure the person as inappropriate responses, while they tended to select being open to the person's concerns and focusing on the person's feelings as less inappropriate. Nursing students tended to select obtaining further information, suggesting and discussing other things less frequently, thus indicating they did not think these responses were as unsuitable as did the other status groups.

DISCUSSION OF FINDINGS

The findings show that nursing students, nurse educators, staff nurses and nurse administrators tended to select a majority of responses in the intellectual dimension in 13 out of the 17 described nurse-patient situations. In ten of these situations the order of response dimensions according to proportions chosen was intellectual, emotional and physical. Fair (1968) says that "in normal social contact we tend to progress from the intellectual to the emotional and, to some extent, to the physical (p.222)." This trend seems to be evident in the majority of the nurse-patient situations considered in this study. It is also noted that intellectual responses were not selected as often in the would not make category which further indicates that intellectual responses were considered more acceptable. Fair also points out that this progression from the intellectual through the emotional to the physical may be reversed with children. This reversal was evident in Situation II where nurses selected response proportions in the order of physical, emotional and then

intellectual when relating to the crying child.

Emotional involvement with the other person, whether client or patient, is essential if psychological growth and healing is to take place (Fair, 1968; Jourard, 1964; Travelbee, 1966). The nurses in this study, although they did not choose the emotional dimension in preference to the intellectual selected the responses in the emotional dimension which indicated they would attempt to understand the person's feelings or help him to express them approximately seven times more frequently than the other emotional response options. Although they tended to select these emotional responses as being more appropriate than the other emotional responses they also chose them more frequently in the would not make category than the intellectual response of being open to the person's concerns. This would indicate they were more willing to relate to the person in the intellectual dimension and become less emotionally involved. Emotional responses were selected in all situations as more inappropriate than those in the intellectual dimension. It could be hypothesized that because society places such strong emphasis on the communication of thoughts and ideas in a verbal manner that intellectual responses are considered appropriate more frequently than emotional responses.

The tendency to select the emotional responses which focus on the person's feelings or the intellectual response of being open to the person's concerns does not concur with the findings of Methven and Schotfeldt's (1962) or Mathews (1962) who found that nurses' responses tended to be of an undesirable type to help the patient resolve his problem, or were less patient-centered. The discrepancy may be accounted for by the different form of analysis. Whereas the other two studies used content analysis this study presented the respondents with available response options. With response options to choose from this study may have looked at what

nurses considered was the appropriate or intended response and not what their response would be in an actual nurse-patient situation. This study has in no way considered what behaviors would be actually performed by the respondent in a real situation. Sethee (1967) found that nurses did not give responses which conveyed their intentions and pointed out that nurses may not know what constitutes a particular type of response. These explanations are feasible for written responses such as "You still can learn to do many things and be able to get around but you have to learn many new skills. This comes with time," (for Situation XVII) and "That is a problem-let's explore the whole situation" (for Situation XIII) were examples given when the nurses indicated their intentions were to explore the person's feelings and discuss his or her concerns.

Responses in the physical dimension were selected least frequently. Schmahl (1964) says that physical touch is one way the nurse can communicate her understanding and caring for the patient, while participants in the study conducted by DeAugustine et al (1963) attempted to convey support and comfort through means of touch. Fair (1968) points out that reassurance may be conveyed by a hand placed on the shoulder of the other person at the appropriate time. In this study the majority of physical responses selected were to remain in the physical presence of the person. In Situations IV and XVII, where the physical dimension was preferred by the majority of nurses when relating to an adult patient, and in Situation XI nurses tended to touch the person's arm or shoulder and even hold the person's hand to some extent. These are situations where the nurses might have wished to convey concern, comfort or reassurance. The physical dimension was selected infrequently in Situation IX where the quadriplegic patient is depressed when he returns to the ward. Respondents tended to "...engage the young man in conversation attempting

to have him express his feelings," the approach taken by Wolberg and his colleagues (DeAugustine, 1963). Although physical contact with the person was not chosen as appropriate behavior, Situation XVI was the only interaction where the largest proportion of responses in the would not make category were in the physical dimension. It would appear that physical contact in this situation is connected to the idea of sexuality (Jourard & Rubin, 1968; Fair, 1968). One respondent indicated she would consider giving the patient her phone number if she "...had not been involved in personal care."

While no measures of genuineness and respect were applied to the response options, genuineness was not always apparent in the written responses as evidenced by such replies as "I'll try and arrange that (but never go)" for Situation I or "Give it to him, it will boost his morale and enhance his recovery..." for Situation XVI.

In considering variations and similarities in the proportions of intellectual, emotional and physical responses selected by the various status groups, nurse educators' responses tended to vary more frequently especially in the would not make category. One might expect to find more similarity in the responses between nursing students and nurse educators if the nurse educators were functioning as role models for the nursing students. Nursing students responses tended to resemble those of the staff nurses and nurse administrators more than those of the nurse educators; therefore one might speculate that nursing students consider service personnel to be their role model. In the intellectual dimension, while nurse educators tended to obtain information and be open to the concerns of the person more frequently than other status groups, nursing students selected these responses least often. Nursing students tended to give more factual information than did the other nurses, while nurse educators

tended to give the least.

Mathews (1962) suggests that patient-centeredness tends to decrease as a nurse spends more time in a hospital setting. Corwin and Tavis (1962) found that once nurses graduated and became hospital employees their values changed to meet those of the new reference group and there was a significant decline in the desire to do "bedside" nursing and serve humanity. The findings in this study reveal that the proportion of intellectual, emotional and physical response options chosen by staff nurses and nurse administrators are similar. Although the proportions are small, there was a tendency for staff nurses to select the response option to remain with the patient more frequently than did nurse administrators in 10 out of the 17 situations, but nurse administrators tended to use physical touch more freely than did the staff nurses. Staff nurses tended to explore the person's feelings more frequently than did nurse administrators in 15 out of the 17 situations, yet nurse administrators verbalized their perception of the person's feelings more often than did staff nurses. The significant relationship which exists in the would make responses in Situation XI tends to be associated to the larger proportion of intellectual responses chosen by nurse administrators. These findings might indicate a tendency for nurse administrators to select intellectual responses or relate to the person using cognitive terms more frequently than did staff nurses.

Corwin and Tavis (1962) also found that nurses who had accepted supervisory positions tended to be more uncertain of their role and therefore identified with the organization. These nurses are seen as having doubts about their conduct and about themselves and find that lack of self assurance can be compensated for by the more clearly defined position which carries public recognition and serves as a clear basis for

identity. These characteristics could account for the tendency of nurse administrators to refer the person to someone else, make suggestions and attempt to reassure the person more frequently as these behaviors prevent emotional involvement with the other person and may be considered part of the "bedside manner" used by these nurses to meet their own inadequacies (Jourard, 1964).

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS AND SUGGESTED FURTHER RESEARCH

SUMMARY

This study was designed to examine the intellectual, emotional and physical dimensions found within nurse-patient interactions. The subjects were nursing students, nurse educators, staff nurses and nurse administrators from five nursing education programs and three active treatment hospitals. The participants were asked to select three responses they thought they would make and three they would not make from a list of 15 behavioral responses for each of 17 described nurse-patient situations. All but two of the interactions represented situations wherein a helpful relationship could emerge while the responses depicted behaviors in the intellectual, emotional and physical dimensions.

The chi square test of independence was applied to the data from the would make and would not make categories in each situation to ascertain association between response choices and status as a nursing student, nurse educator, staff nurse or nurse administrator. Percentages were calculated for the individual response options according to the frequency with which they were selected in each situation. An average of these proportions was determined to indicate the trend of responses selected most frequently in the would make and would not make response categories.

The findings revealed a significant relationship between the proportion of intellectual, emotional and physical responses selected and the status of the participants in 10 of the 17 situations. This association was apparent in two of the would make and nine of the would not make response categories, with one situation revealing a relationship in both

categories. The relationship appeared to be associated most frequently with the proportion of physical responses nurse educators selected as being less inappropriate than was true for other status groups. They also tended to consider intellectual responses as unsuitable in two would not make categories. Nurse administrators tended to select intellectual responses as being more appropriate, with one significant relationship (Situation XI) tending to be associated with the proportion of intellectual responses selected by nurse administrators.

An outstanding observation in the study was the similarity among the proportion of intellectual, emotional and physical responses selected by all status groups. The largest proportion of responses selected by all groups in 13 situations was intellectual, while the emotional dimension was preferred in one and the physical in three situations. The ordering of the dimensions by proportions was consistent in 13 of the would make categories (intellectual, emotional and physical) and 10 of the would not make categories (emotional, intellectual and physical) over all status groups.

Responses most frequently selected in the would make category were: (1) try to be open to the person's concerns, (2) explore the person's feelings, (3) give the factual information, and (4) stay beside the person. In the would not make category the most often selected responses were: (1) leave the person by himself/herself, (2) relieve the person's feelings by a discussion of other things, (3) attempt to reassure the person, and (4) embrace the person.

CONCLUSIONS

Findings in this study indicate a striking similarity between the responses chosen by nursing students, nurse educators, staff nurses and nurse administrators both in the intellectual, emotional and physical dimensions and in the individual response options. This finding indicates that nurses selected similar responses regardless of their status. The question posed by this finding could be, is the similarity due to a socialization process as put forth by Simpson (1967) or does the nursing profession attract certain types of personalities? While the writer believes a form of socialization takes place as well as certain types of personalities being attracted to the nursing profession, it could be argued that this similarity is due to the emphasis which society places on verbal communication in relationships. The nurse, regardless of her status, is rewarded for the verbal communication of ideas and concepts, while the misconceptions regarding emotional involvement and the taboos against physical contact are just as prevalent in the nursing profession as they are in society.

Nursing students, nurse educators, staff nurses and nurse administrators tended to select responses in the order of intellectual, emotional and then physical when relating to adult patients. This order was reversed when relating to the child in Situation II. The intellectual dimension was preferred by all status groups in 12 situations. This finding reinforces the statement by Fair (1968) that intellectual communication is rewarded by society and is more acceptable.

While all nurses indicated they would interact in the intellectual dimension most frequently, nurse educators tended to consider physical responses as more appropriate than did other status groups, and nurse

administrators tended to consider intellectual responses as more suitable. Nursing students tended to select responses similar to nursing service personnel rather than to nurse educators, with proportions of would make responses resembling staff nurses and would not make responses agreeing more with nurse administrators.

IMPLICATIONS

This study points out that nursing students, nurse educators, staff nurses and nurse administrators tended to choose intellectual responses in preference to emotional and physical responses. While a helpful relationship has within it an intellectual dimension, the basis for the development of that relationship is genuineness, respect and empathy. Although the interpersonal aspects of nursing care are stressed in didactic teaching, the investigator sees a need for some type of experiential learning to be included in the nursing curricula as well as in inservice programs for graduate nurses. It is imperative that one accepts the human-ness of self before he can accept and respect others as human beings. These attitudes of genuineness, respect and empathy can be fostered in groups sessions where individuals can be free to explore their own attitudes, feelings and the effects their behavior has on others.

In this study, nursing students' responses tended to reflect the attitudes of the hospital personnel rather than those of the nurse educators. Carkhuff (1969d) points out that for modeling to be effective, the trainers' behavior must match his didactic teaching or the trainees are left in a "double-bind" situation where "the effects of modeling counteract those of the trainer's teaching (p.242)." For nurse educators

to be most effective in the teaching of interpersonal aspects of nursing care, their behavior with patients must be congruent with their formal teaching. The helpful relationship which can exist between a counsellor and a client or a nurse and her patient contains the same essential components as the facilitative relationship which can emerge between an instructor and the student if the instructor considers herself a facilitator rather than one who solely teaches knowledge and procedures (Rogers, 1956; 1969; Carkhuff & Berenson, 1967). If the instructor not only provided a model for nursing students to follow, but also related to the students in the same facilitative manner, it would be expected that nursing students' responses would resemble those of their instructors.

Written responses indicated that the nurses' intentions were not always conveyed in the response she gave. Although communication techniques are considered a minor part of interpersonal relations by the investigator, it is helpful to know what constitutes a helpful response. Unless the responses are available in the nurse's repertoire of responses she is unable to use them in her communications. This type of information can be imparted not only in formal teaching but also through facilitative interactions with her instructor.

Physical touch is one of the most important ways of communicating the understanding and feeling of caring a nurse may have for a patient. In this study the touch responses tended to be ignored, they were selected in both the would make and would not make response categories with low frequency in most situations. This could indicate the nurses were unaware of their feelings regarding touching when nursing patients. For nurses to use this means of nonverbal communication in a helpful manner they must become aware of their own feelings regarding touch and being touched. This could be accomplished in experiential learning sessions

which focus on the meaning of touch to the nurse as a person and to her patients.

SUGGESTED FURTHER RESEARCH

This study has attempted to determine what nurses think they would and would not do in nurse-patient interactions. This has in no way looked at actual observation of the behavior of nurses so there is no way of knowing if they actually do what they say they would or would not do. To obtain such information would require an observational study within a hospital setting. Such a study could answer such issues as whether or not the nurse's behavior is congruent with her beliefs regarding patient care.

Each dimension - intellectual, emotional and physical - could be researched individually in more depth to further determine the nurses' attitudes toward helpful and nonhelpful behaviors. Many areas of investigation are open in the physical dimension as this is yet a virtually unexplored area. Physical touch is a controversial subject, rarely written about in nursing literature and talked about even less. Only two studies concerning touch in nursing could be found by the investigator.

Another area open to investigation would be to determine if some form of experiential learning in interpersonal relations would affect the responses nurses selected on the Nurse-Patient Interaction Questionnaire and if so in what ways. This type of research might give the much needed answer to the most effective way interpersonal aspects of nursing could be taught.

Further refinement of the instrument and its use in further studies may produce results which reveal more significant differences between

the responses chosen by the nurses and their status. The use of the questionnaire with patients and other medical personnel could reveal some interesting data regarding how others perceive the nurse in these situations.

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APPENDICES

APPENDIX A

NURSE-PATIENT INTERACTION QUESTIONNAIRE

Dear Participant,

This questionnaire is part of a study to determine responses nurses might make in nurse-patient interactions. It is being conducted by Margarette Sheppy, a graduate student in the Department of Educational Psychology at the University of Alberta.

Research is built around a search for truth, therefore your honest and sincere opinion will be appreciated. There is no correct answer to the situations, but rather how you would or would not respond. Please consider each situation carefully before answering.

Do not write your name on the questionnaire. Please do not converse with your colleagues while doing the questionnaire.

Your help is very much appreciated.

Yours sincerely,

(Miss) M. I. Sheppy.

Before turning the page to begin the questionnaire, please complete the following information necessary for analysis of the data.

Place an [X] in the appropriate boxes.

I.D. _____ 1-4

INSTITUTION

- 5
- | | | |
|---------------------------|--------------------------|---|
| University of Alberta | ☐ | 1 |
| University Hospital | ☐ | 2 |
| Royal Alexandra Hospital | ☐ | 3 |
| College Saint Jean | ☐ | 4 |
| Red Deer College/Hospital | ☐ | 5 |

GRADUATE NURSES answer this section

Type of Basic Training

- | | | |
|--------------------------------|--------------------------|---|
| Degree Program | ☐ | 1 |
| Diploma Program-2 yr. hospital | ☐ | 2 |
| college | ☐ | 3 |
| 3 yr. hospital | ☐ | 4 |

SEX

- 6
- | | | |
|--------|--------------------------|---|
| Female | ☐ | 1 |
| Male | ☐ | 2 |

Highest Level of Education Obtained

- 13
- | | | |
|------------------|--------------------------|---|
| Registered Nurse | ☐ | 1 |
| Bachelors Degree | ☐ | 2 |
| Masters Degree | ☐ | 3 |

AGE as of last birthday

- 7
- | | | |
|----------|--------------------------|---|
| under 20 | ☐ | 1 |
| 21-25 | ☐ | 2 |
| 26-30 | ☐ | 3 |
| 31-35 | ☐ | 4 |
| 36-40 | ☐ | 5 |
| over 40 | ☐ | 6 |

Years of Experience in Nursing

- 14
- | | | |
|---------|--------------------------|---|
| 0-2 | ☐ | 1 |
| 3-4 | ☐ | 2 |
| 5-9 | ☐ | 3 |
| 10-14 | ☐ | 4 |
| 15-20 | ☐ | 5 |
| over 20 | ☐ | 6 |

MARITAL STATUS

- 8
- | | | |
|-----------|--------------------------|---|
| Single | ☐ | 1 |
| Married | ☐ | 2 |
| Widowed | ☐ | 3 |
| Separated | ☐ | 4 |
| Divorced | ☐ | 5 |

Work Area

- 15
- | | | |
|---------------------|--------------------------|---|
| Medical-Surgical | ☐ | 1 |
| Paediatrics | ☐ | 2 |
| Obstetrics | ☐ | 3 |
| Psychiatry | ☐ | 4 |
| Intensive Care | ☐ | 5 |
| Other (state) _____ | ☐ | 6 |

STATUS

- 9
- | | | |
|-----------------------|--------------------------|---|
| Student | ☐ | 1 |
| General Duty | ☐ | 2 |
| Head Nurse/Supervisor | ☐ | 3 |
| Lecturer/Instructor | ☐ | 4 |

STUDENT NURSES answer this section

- 10
- | | | |
|-----------------------|--------------------------|---|
| Type of Program | | |
| Degree | ☐ | 1 |
| Diploma-2 yr. program | ☐ | 2 |
| 3 yr. program | ☐ | 3 |

- 11
- | | | |
|------------------|--------------------------|---|
| Year in Training | | |
| 1st. | ☐ | 1 |
| 2nd. | ☐ | 2 |
| 3rd. | ☐ | 3 |
| 4th. | ☐ | 4 |

RESPONSE OPTIONS

1. Hold the person's hand
2. Verbalize my perception of the person's feelings in an attempt to understand his/her experience.
3. Refer the person to someone else.
e.g. Ask "Have you talked to.....?"
4. Attempt to reassure the person.
e.g. "Everything will be alright."
"We are doing all we can....." etc.
5. Stay beside the person.
6. Give the factual information I think is relevant to the situation.
7. Suggest what the person could do in the situation.
e.g. "Perhaps you could....."
8. Put my arm around the person's shoulder or waist.
9. Explore the person's feelings - verbalize feelings the person is trying to express.
10. Leave the person by himself/herself at this time.
11. Try to be open to the person's concerns - help him/her define and discuss them.
12. Obtain further information from the person.
e.g. Ask "Why are you....?" "Why do you....?" etc.
13. Attempt to relieve the person's feelings by a discussion of other things.
14. Embrace (hug or hold) the person.
15. Place my hand on the person's arm or shoulder.

NURSE-PATIENT INTERACTION QUESTIONNAIRE

INSTRUCTIONS

For each situation, please choose:

- (1) The three responses you would make if you were the nurse in the situation. Indicate these in the first row of boxes beside the situation in the order you would make them.
- (2) The three responses you would not make in the situation. Indicate these in the second row of boxes starting with the least likely response.
- (3) If there is no response which you find suitable for a specific situation, please write your response in the space provided (Other Response - would make).

SITUATIONS

1. A female patient invites you to visit her when she returns home.	Would make Would not make Other Response-would make	<table border="1"> <thead> <tr> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1	2	3							16-21 22-27
1	2	3										
2. A four year old child cries and becomes upset when his parents leave. His diagnosis is pneumonia.	Would make Would not make Other Response-would make	<table border="1"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>							28-33 34-39			
3. You are admitting a maternity patient who indicates a lack of knowledge regarding the labour process. The first stage of labour is established. She is anxious. She has never been in hospital before.	Would make Would not make Other Response-would make	<table border="1"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>							40-45 46-51			
4. You have been caring for a 55 year old lady who is partially paralyzed due to a stroke. Her prognosis is poor. You enter the room and find her crying.	Would make Would not make Other Response-would make	<table border="1"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>							52-57 58-63			

		1	2	3	
5. A 17 year old patient you have been caring for has just been diagnosed as having leukemia. He appears quiet and withdrawn when you enter the room. Suddenly he says, "What does it all mean, the tests and everything. I don't understand. Can you tell me?"	Would make				64-69
	Would not make				70-75
	Other Response-would make				
I.D. _____ 1-4					
6. "I'm really excited this morning. The doctor finally said I can go home. Even though he has told me I'll have to come back soon, I'm already making plans for all the things I'd like to do when I get home."	Would make				5-10
	Would not make				11-16
	Other Response-would make				
7. A gentleman is brought into emergency unconscious following a car accident. His wife arrives and anxiously asks, "Nurse, where is he, will he be alright?"	Would make				17-22
	Would not make				23-28
	Other Response-would make				
8. A mother has just delivered a malformed baby (multiple anomalies). She wonders why this should happen to her. She is a registered nurse.	Would make				29-34
	Would not make				35-40
	Other Response-would make				
9. A handsome 22 year old man who is a quadriplegic due to an accident was allowed to attend a house party with his friends. On return to the ward he is very depressed.	Would make				41-46
	Would not make				47-52
	Other Response-would make				
10. A female patient who speaks and understands English poorly has been diagnosed as a diabetic and put on a diet. She complains bitterly about the food, not having enough to eat and refuses much of what is served her.	Would make				53-58
	Would not make				59-64
	Other Response-would make				
11. A 40 year old lady has a coronary occlusion following surgery. Because her condition is serious you call her husband. She expires before he arrives. The doctor informs the husband of his wife's death. You are left with making the necessary arrangements. You have answered some of his questions during his wife's hospitalization.	Would make				65-70
	Would not make				71-76
	Other Response-would make				

I.D.

1-4

12. A 28 year old mother of two pre-school children begins to tell you about the problems she is having with her husband, children and home situation. She is worried about the children. She is recovering from an operation.	Would make Would not make Other Response-would make	<table border="1"> <thead> <tr> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1	2	3							5-10 11-16
1	2	3										
13. A mother of a hospitalized child (heart condition) travels a considerable distance each day to visit and remains with the child till he falls asleep at night. She has a four year old at home and her husband is unhappy about the amount of time she spends at the hospital. She approaches you regarding the situation.	Would make Would not make Other Response-would make	<table border="1"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>							17-22 23-28			
14. A 24 year old man is admitted with pancreatitis. He does not accept the doctor's explanation regarding his condition, removes his intravenous, nasal-gastric tube and catheter. He states he is going to leave the hospital.	Would make Would not make Other Response-would make	<table border="1"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>							29-34 35-40			
15. An elderly gentleman who lives alone develops some minor complaint whenever the doctor suggests it is time for his discharge. He tells you how lonely he has been since his wife died.	Would make Would not make Other Response-would make	<table border="1"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>							41-46 47-52			
16. An unmarried male patient, a few years older than yourself, is recovering from surgery. He asks you for your phone number. Assume you are unmarried.	Would make Would not make Other Response-would make	<table border="1"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>							53-58 59-64			
17. You are with the doctor when he tells a 35 year old man that he will be blind due to an industrial accident. His face is also burned. You have been specializing him in Intensive Care since his admission three days ago.	Would make Would not make Other Response-would make	<table border="1"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>							65-70 71-76			

APPENDIX B

WRITTEN RESPONSES AND COMMENTS

WRITTEN RESPONSES RECEIVED TO SITUATIONS

SITUATION I

It all depends on how well I liked her. I may accept or I may make an excuse.

Say that would be nice and if I don't want to go - hope she forgets. If I do, tell her to phone sometime.

Because you could not visit with all patients who ask, you make a policy not to visit any.

This is a rather silly question, as it would depend completely on the patient involved. A lonely old lady, I'd knock myself out; for anyone else, "No."

"I'll try and arrange that" (but never go).

I would agree! Probably dependent on our relationship - friends are made this way.

"Our relationship will terminate when you leave hospital."

It is my personal policy never to socialize with patients.

"You could write to the unit staff and let us know how you are."

First realize (think) why she wants the visit - then respond as a friend or nurse.

It would depend on the type of patient - if psychiatric - no, but usually otherwise.

"Thank you for your invitation. Let's wait until you are home and feeling better then you call me."

Depends on the patient - if they are becoming too dependent on the relationship suggest alternative.

SITUATION II

I would replace the perceived loss with a distraction. I would be available for the child to physically touch.

Do not attempt to hold the child if she or he resists, but stay in the room so he can call you if needed until he begins to trust.

SITUATION V

Get more specific questions - ask him which tests, then find out what he knows. Then explain. Then stay until he is over the bad moment.

Begin by assembling his understanding - should lead to expression.

SITUATION VI

Hard to respond to - not enough information.

Just be happy and quiet, analysing him - he's honestly happy most likely.

So? - your happy for the patient and indicate to her that when she does return it will be to friends.

Stay with the patient and listen and see if happiness is true, not anxiety.

I would try and help the patient establish a reasonable regime of activities and explain the reason for limitations in conjunction with the doctors advice.

Ask what kind of things he is planning in order to evaluate his perception and knowledge of himself and his illness, possibly feeding in some anticipatory guidance.

"I'm really happy for you and your family. Just take it easy for awhile though. What do you plan to do at home?"

SITUATION VII

"Your husband in in the O.R. right now. If you like I will get the doctor to see you as soon as he is finished."

"Ask your doctor." That is the required answer.

Try to make her as comfortable as I could. Keep her informed as to what is going on.

SITUATION VIII

"No one really knows why they happen to certain people."

Help her make plans for giving the child all the extra love he is going to need.

One must "play it by ear." Some individuals need to be encouraged to cry.

SITUATION IX

Response would depend on whether he is the type to talk out his feelings and on the relationship.

Do not show pity, rather sympathy, understanding.

Tough one. He likely will have to make the first move, but if nothing comes in 24 hours, I'd dig a bit. Also watch for suicidal tendencies.

Wait for him to begin the interaction. Nurse to use silence as mode of expressing concern.

Engage young man in conversation attempting to have him express his feelings. I would not provide the answers.

SITUATION XI

Try to see if the person wants to be left alone or not and discuss things with him if he wants.

I would remain with the husband and wait until he brought up questions before talking about anything.

Allow for lack of response due to grief process.

I don't know what I would do.

Allow him some time alone but not total aloneness. Let him see his wife if he wants to.

Get staff member to sit with him and do the routine care of the body. Offer him the phone or make a call for him. Tell him I'm sorry. Feel useless.

I would first assess his response which I would expect to be emotional shock, then ask him if there is a trusted friend or family member he would like me to call to help him make funeral arrangements. He is likely in no shape to fall prey to undertakers or impersonal people, or to make important decisions. I would remain with him and try to offer what I could by acknowledging his grief.

Get the patient to state feelings - starting grieving process e.g. "Why not have a good cry if you'll feel better."

SITUATION XII

Let her ventilate first.

Ask her to reconsider if she really wants to tell you everything.

SITUATION XIII

Assure her that you will call her if she is needed and ask if she could modify her visiting hours.

Explore the possibility of her moving to the city with her child to stay for the duration of the other child's illness or arrange for a sitter so that she can stay alone.

Be sure of the facts of the case. How urgent is it that she spends so much time with the sick child?

SITUATION XIV

Ask him just to be calm and wait while I get a supervisor or doctor.

Let him go. If he is that destructive he has many problems. Refer him to a psychiatrist.

"You are old enough to make up your own mind and leave if you wish - but consider this - what will happen when the pain returns?"

Call his doctor wherever he is and if nothing helps and he's leaving ask him to sign the form required and advise him to go to another doctor.

SITUATION XVI

Smile and tell him you live out in the sticks and don't have a phone.

Beg off gracefully but don't dodge the patient.

If I thought I might like to meet him further I would probably give it to him but would emphasize subtly that nurse-patient relationships must be maintained in hospital.

I would jokingly indicate that I would not give it to him.

Actually this would really depend on our relationship - nurses do go out with and marry patients, you know!

It is my personal policy never to date patients.

What's the bind? If you're interested in the guy you give him your phone number. If your not you give him the brush off. (This is not a nurse-patient relationship).

"Let's wait till you are discharged from hospital and I no longer seem like an angel in white. If you are still interested then, my number is in the phone book."

SITUATION XVII

The person would need time to pull himself together.

One must judge by personalities when to leave this man alone with his thoughts and when to stay by and listen and talk.

Give honest answers to questions asked but don't offer extra details until you think he is well enough to be able to accept them. He already has a major shock.

Say nothing - let him make the first move after the doctor leaves.

"You can still learn to do many things and be able to get around, but you have to learn many new skills. This will come with time."

WRITTEN COMMENTS RECEIVED REGARDING THE QUESTIONNAIRE

"In reading the situations outlined, I am of the opinion that no one can foretell how they would respond to a given situation unless they had more of a complete background information regarding home environment, personality etc."

"I feel this has to be one of the silliest questionnaires. Responses to individual patients simply cannot be categorized by numbers. I was under the impression that the pigeonholing of people mercifully disappeared with sinapisms and milk and molasses enemas."

"I am sorry but I can not mark numbers in squares to indicate what my responses would be for a situation. This would depend on the patient, the diagnosis, how much I knew about the patient, the condition and how long I had known the patient. Each situation is different and each patient is an individual. For example; response option 1 - hold the person's hand - I don't know if I would hold a person's hand or not until you tell me who the person is. Many people do not want anybody to hold their hand - there are many people whose hand I couldn't make myself hold. No point of this kind of thing if it's not genuine expression of feeling when given and received."

"The interpersonal care in nursing is very complex and a questionnaire such as this seems to reduce it to a very superficial level. I am sorry I could not be more explicit in my responses, but this is my "honest and sincere" opinion."

"The response options are not adequate and for some of the questions not applicable. I feel there are no pat answers. One must contend with each situation as it arises. All individuals are different emotionally and thus have to be treated according to their needs. One must know a little about the background, home situation etc. before they try to help."

"As I believe that each nurse-patient relationship is unique, I can honestly say that I think answering this questionnaire actually portrays little of what I would actually say or do. In fact I am not capable of restricting myself to responses given here nor am I able to predict my future responses to anyone."

"I feel these responses are not suitable for a lot of the situations. Some nurse-patient relationships and different circumstances may require different responses for different individuals."

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